



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

COP22 Vision and Performance

PEPFAR Mozambique | March 7, 2022

19 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Long Story Short

DEVELOP

COP20 ushered in a new era of interventions and momentum, with unprecedented program growth, improvements in retention, and progress towards HIV epidemic control

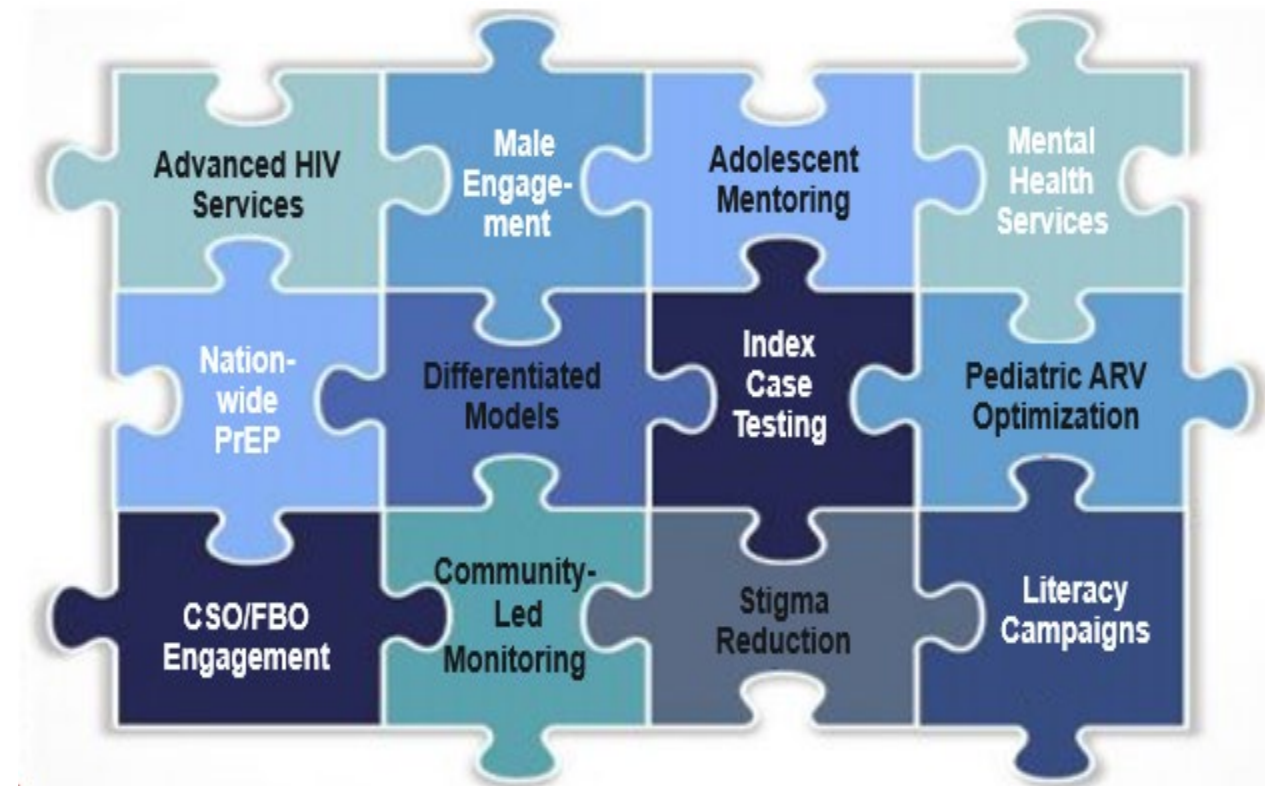
LAUNCH

COP21 will launch, scale and adapt synergistic, client-centered interventions, to address persistent cascade challenges for the most vulnerable populations

REFINE

In COP22, PEPFAR Mozambique proposes:

- Accelerated efforts to find/treat children, adolescents, PLW, young men, vulnerable populations (KP/IDP)
- Strategic focus of investments for maximal programmatic impact in a functionally reduced budget environment
- Enhanced focus on quality of implementation and patient experience at the site level
- Meaningful steps towards program sustainability
- Ever strengthening partnerships with government, multilaterals and civil society to reach and work towards maintaining epidemic control





State of the Epidemic

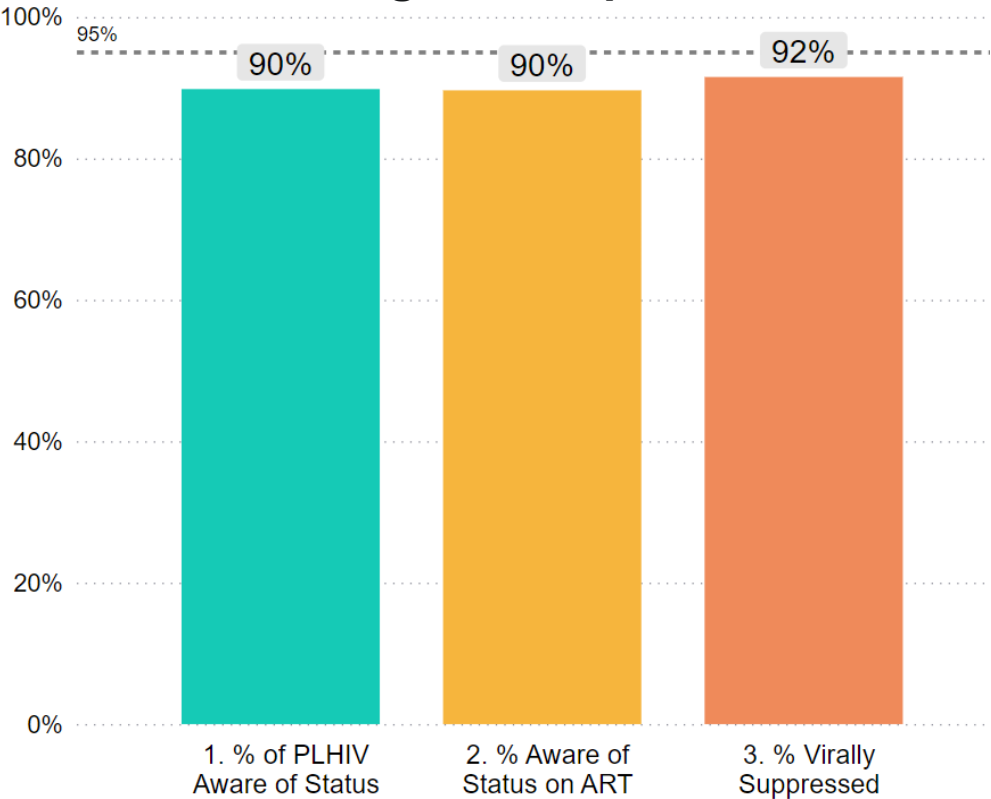
Progress Being Made Towards Epidemic Control

PLHIV
2,079,611

AIDS Deaths
37,478

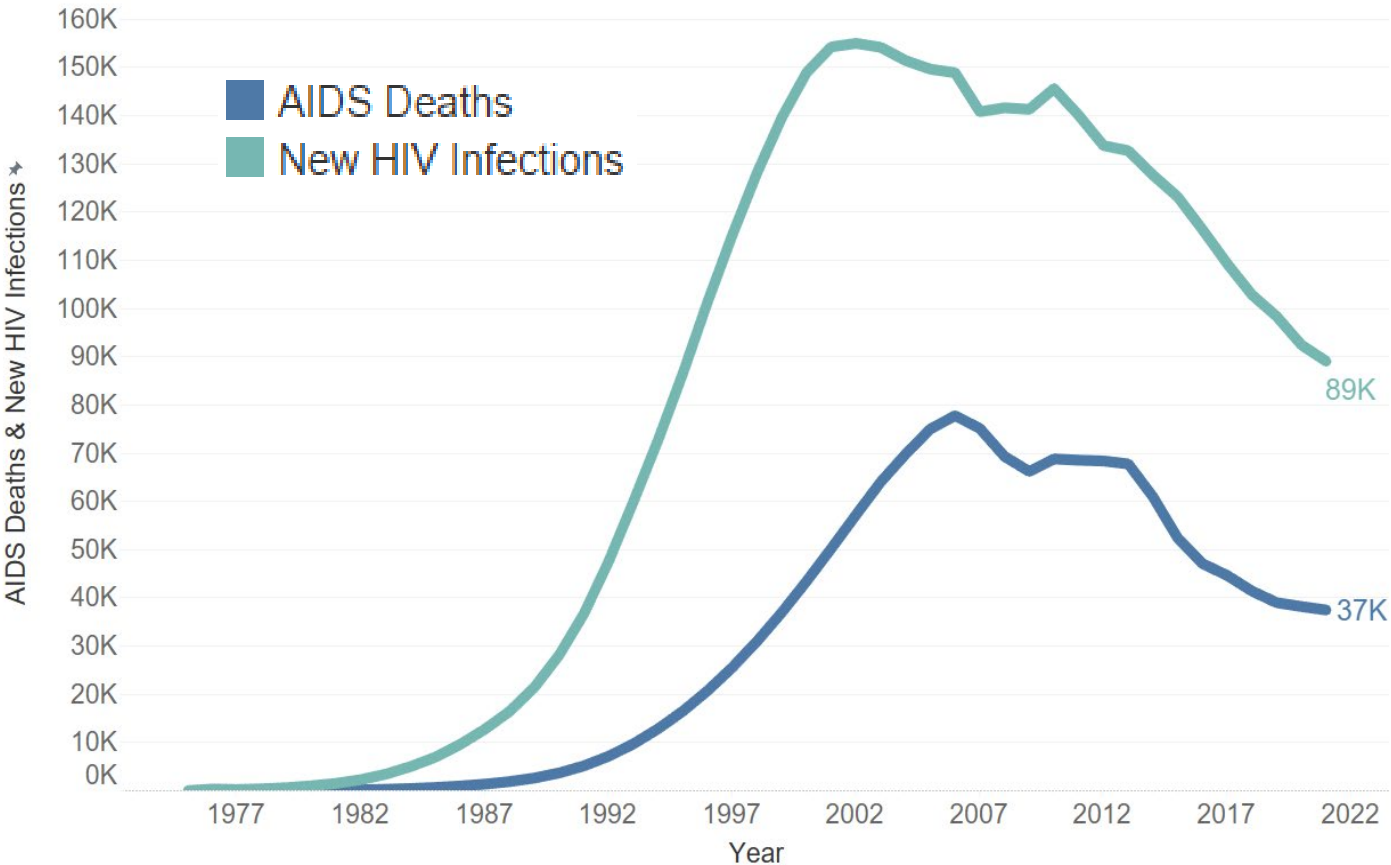
New HIV Infections
89,054

95-95-95 Progress: September 2022



Source:

- * Estimated PLHIV: "PLHIV.T_1" (Spectrum v6.14 with Naomi Sept 2022);
- * Estimated % of PLHIV Aware of Status: Shiny 1st 90 GTM;
- * Estimated % of PLHIV Aware of Status on ART: MER TX_CURR FY22 Q1 / (Spectrum PLHIV * % population aware of status)
- * Estimated % Virally Suppressed among on ART: MER TX_PVLS FY22 Q1 (Numerator/Denominator); EPTS sites only



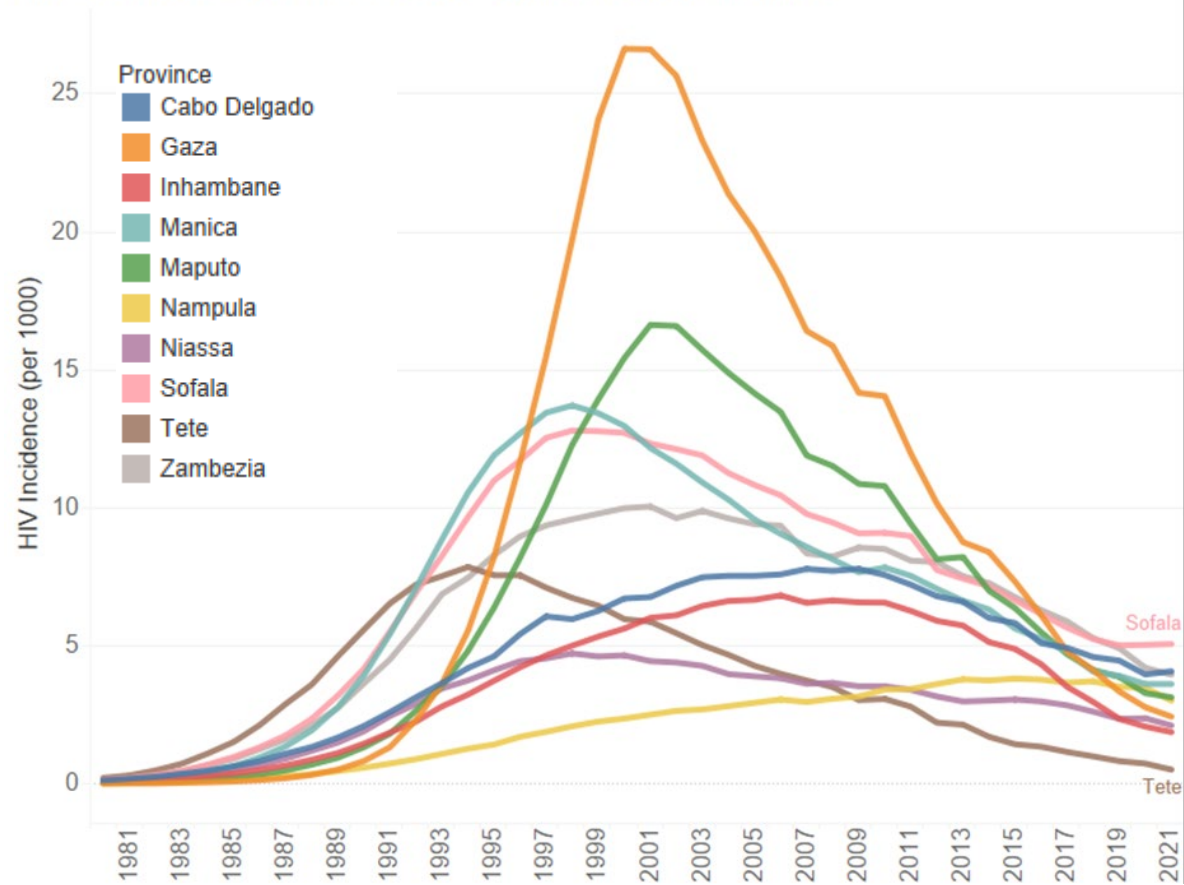
Source: Spectrum v6.14 - New HIV Infections

**PHIA data to be available later this year*

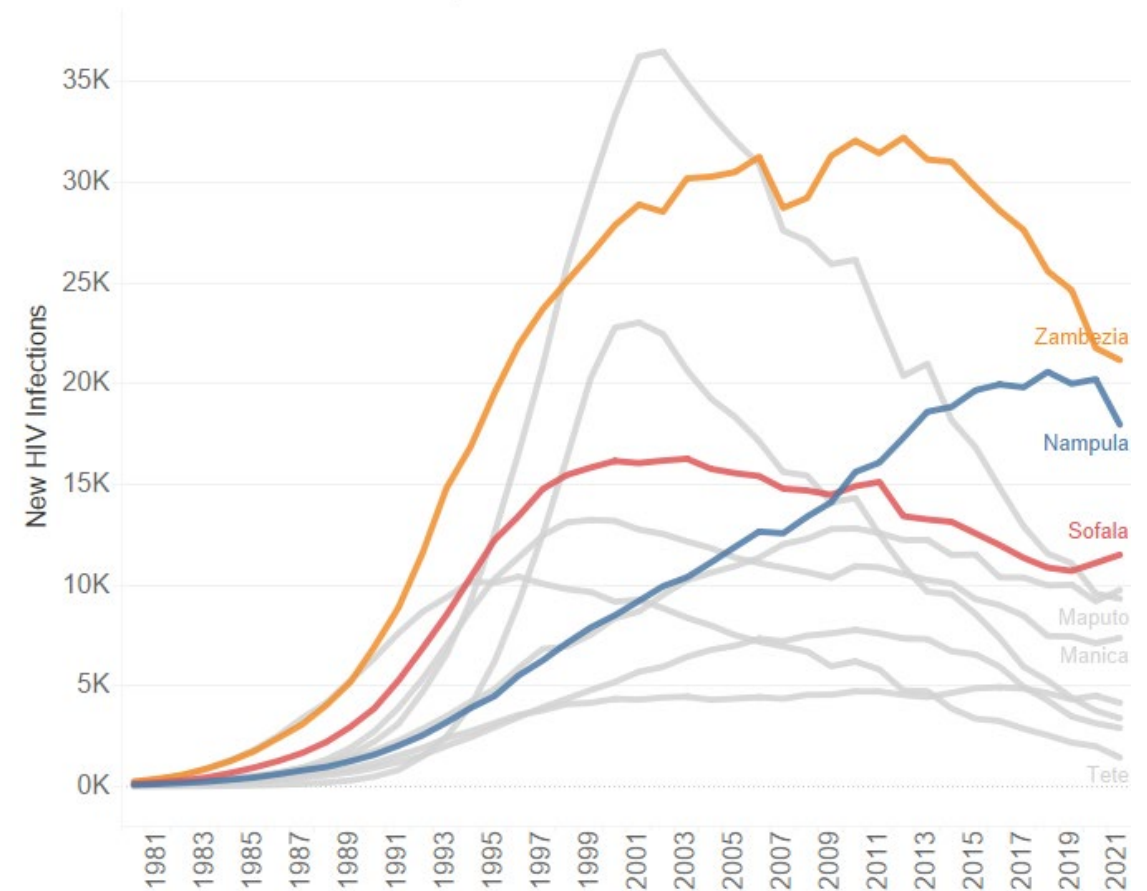
Estimated HIV Incidence Decreasing Across Most Provinces

- HIV incidence rate and total new infections declining across nearly all provinces
- New infections still highest in Zambezia, Nampula and Sofala, which have the most PLHIV

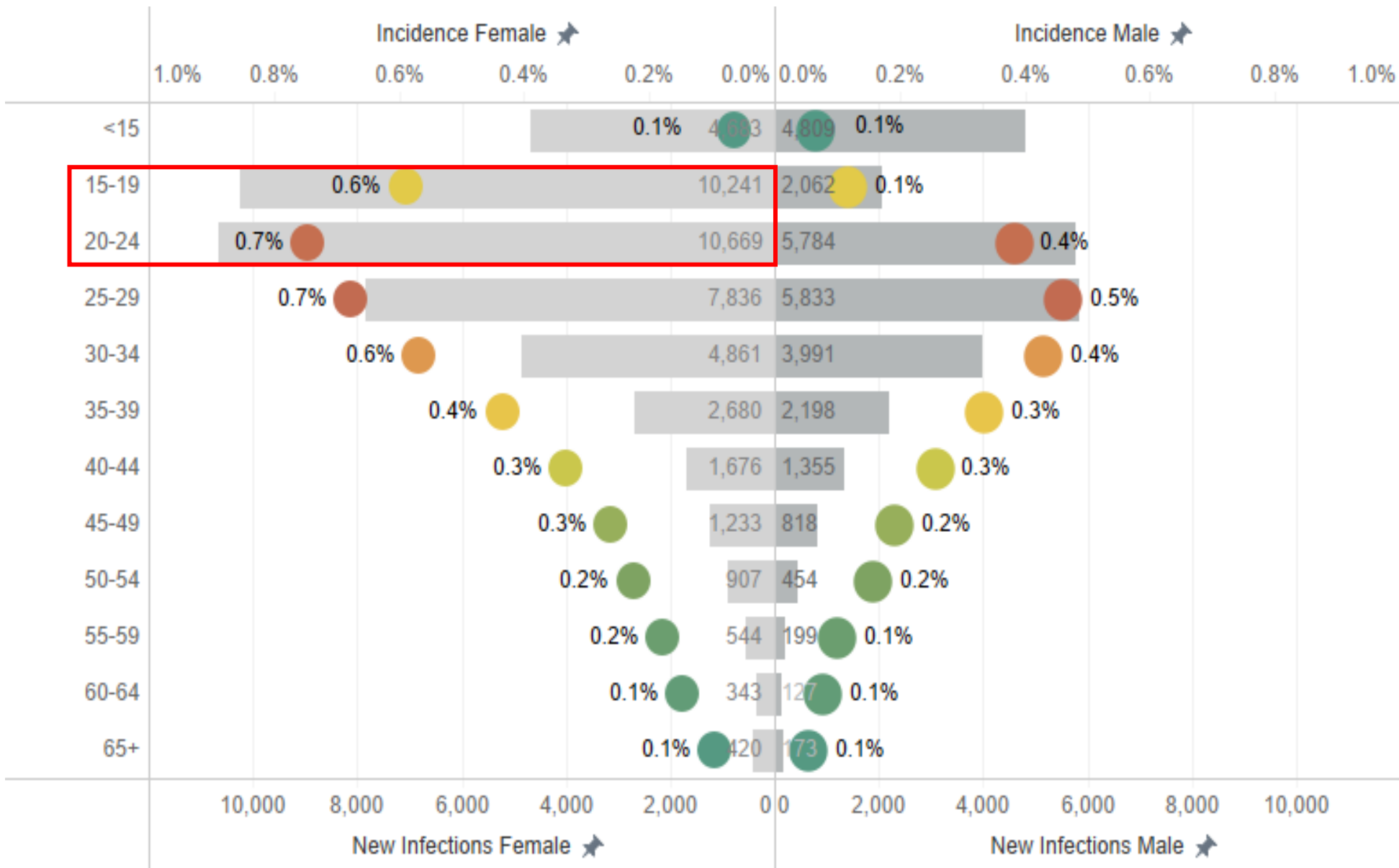
HIV Incidence per 1000 pop. by Year and Province



Incident HIV Infections by Year and Province

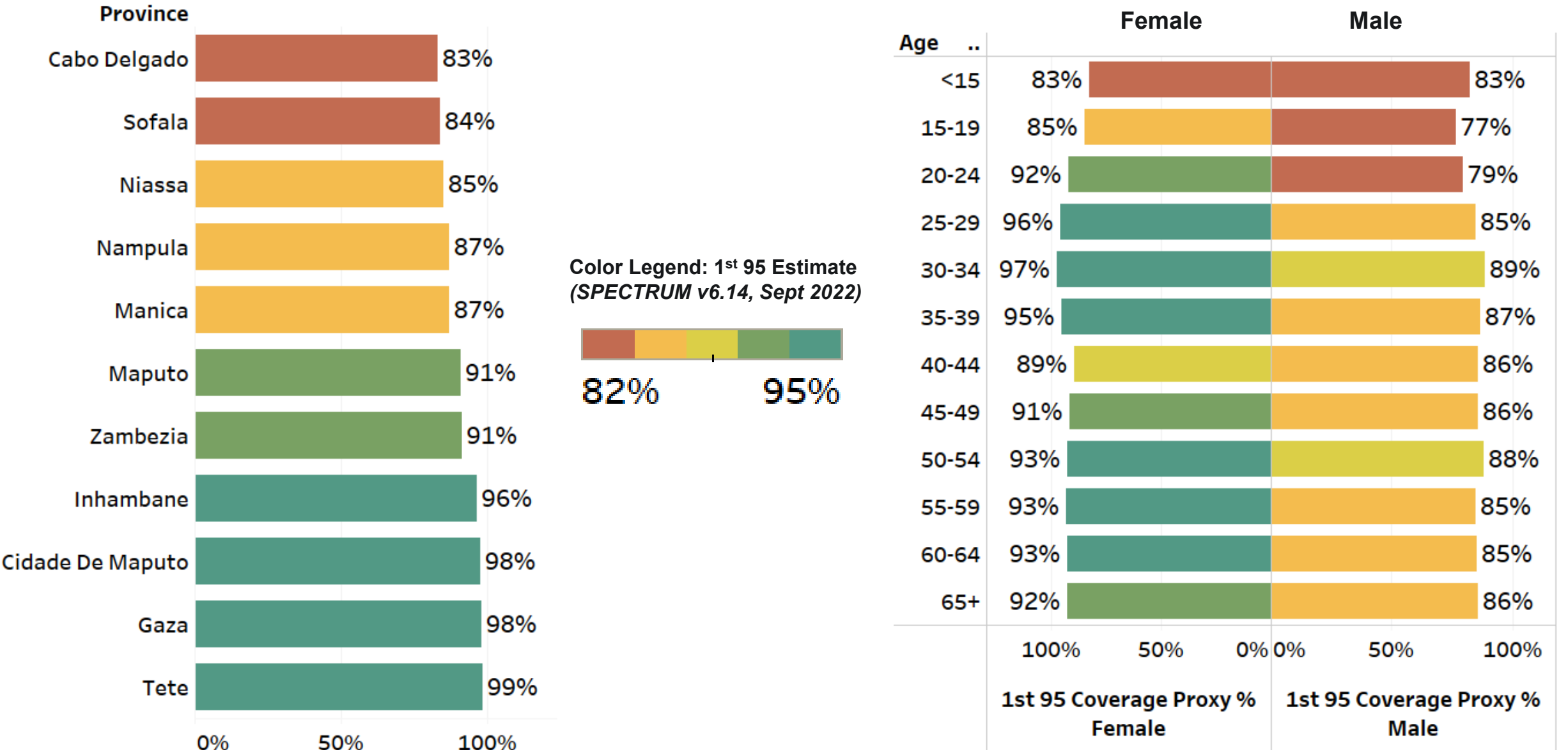


Highest Incidence & Number of Estimated New HIV Infections Among AGYW



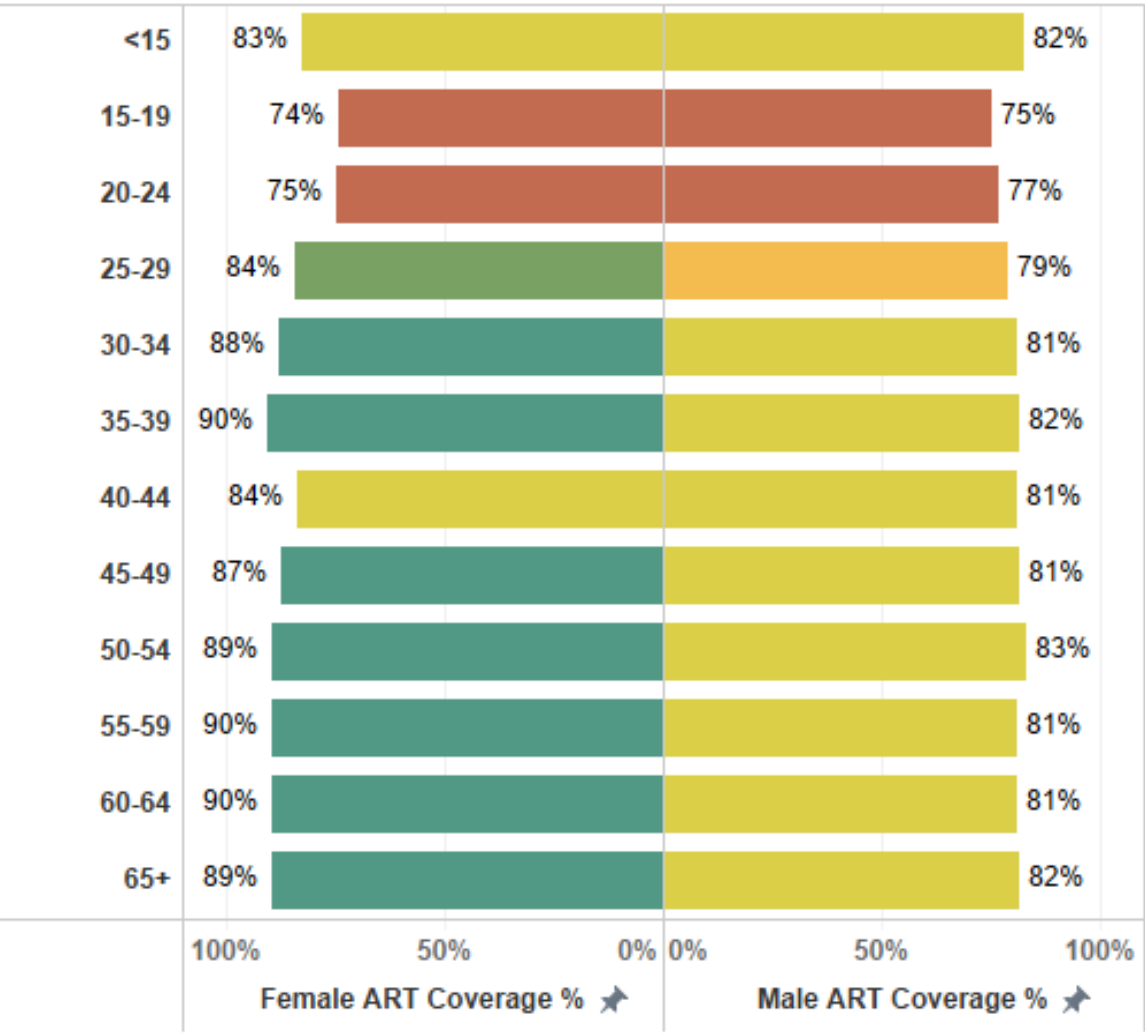
- AGYW ages 15-24 account for **28%** of all estimated new HIV infections
- **5x** as many estimated new infections among girls 15-19, compared with boys of the same age

1st 95 Progress Varies by Province, and Lags for Men, Children and Youth



Estimated HIV Treatment Coverage (2nd 95) Lags for AGYW, ABYM & Men

ART Coverage by Sex and Age



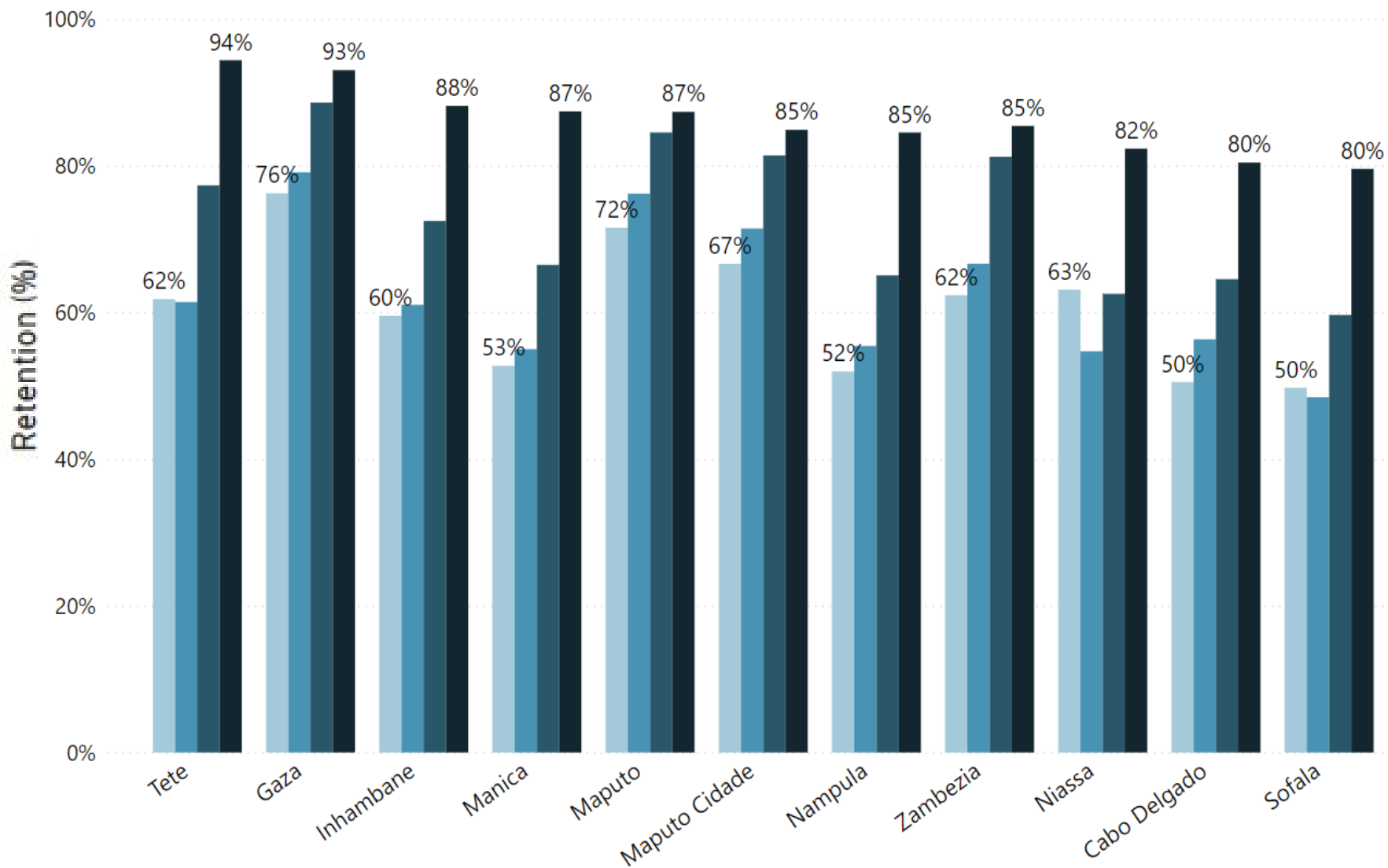
- Population-level ART coverage estimated at 85% for females and 81% for males
 - 92% and 94% estimated coverage respectively amongst *diagnosed* PLHIV
- Strong NET_NEW growth in FY21 has improved estimated coverage across most age/sex bands
- Coverage among males continues to lag behind females due to case finding, but gap is narrowing
- Coverage remains lowest among adolescents and youth aged 15-24
- Unmet need for ART in absolute terms highest among females aged 20-29 (not shown)

* Coverage Numerator: Number on ART, "TX_CURR_SUBNAT.T_1" (Spectrum v6.14 with Naomi Sept 2022)

* Coverage Denominator: Estimated PLHIV, "PLHIV.T_1" (Spectrum v6.14 with Naomi Sept 2022)

Early Retention among New on ART Has Dramatically Improved Over Time

Evaluation Fiscal Year ● FY18 ● FY19 ● FY20 ● FY21



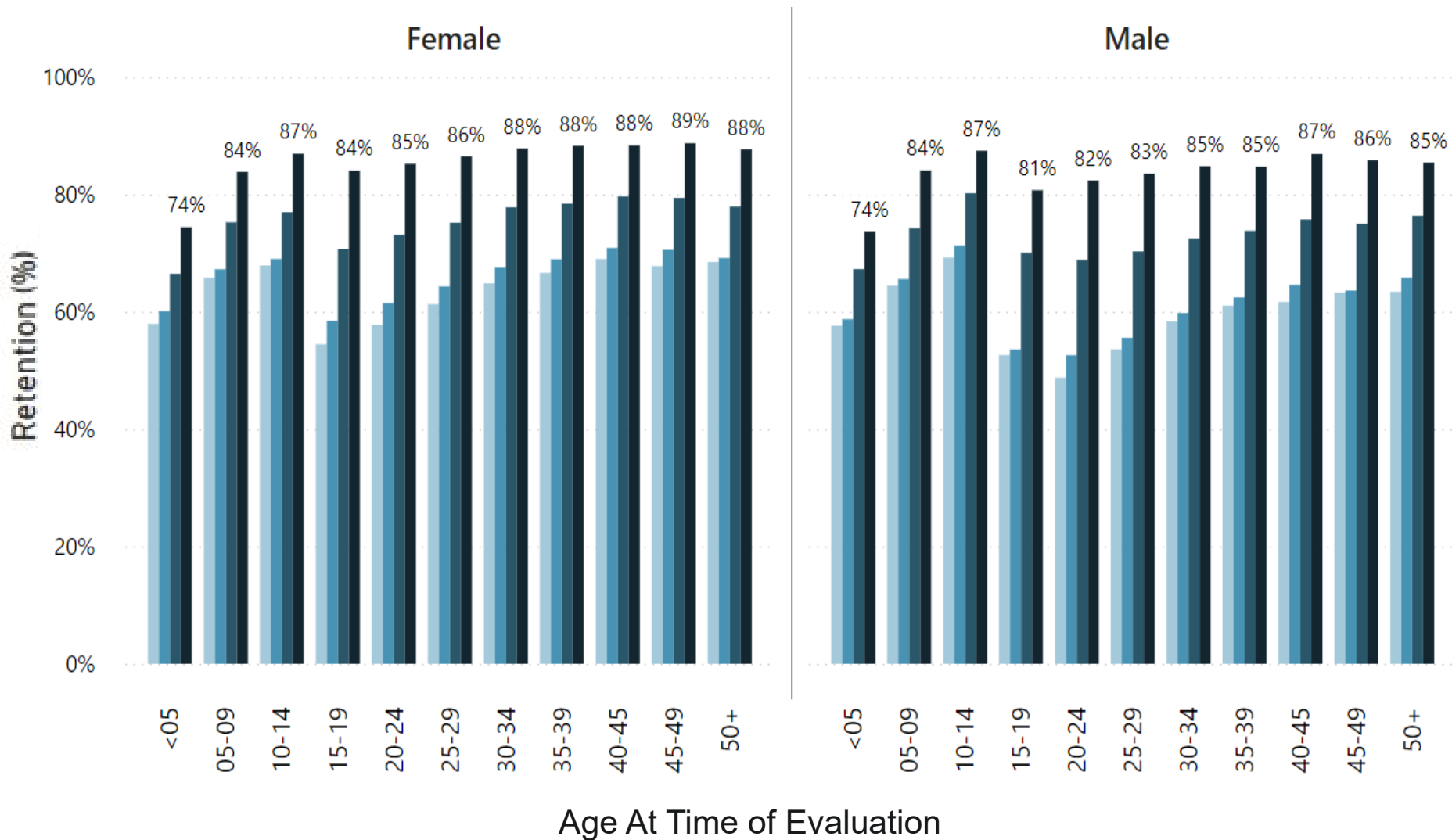
National 6-Month Retention among New ART Clients (%)	
FY18	61%
FY19	63%
FY20	74%
FY21	86%

MozART data from >1M patient charts show improved 6-month retention rates for clients new on ART, especially in the last year, across all provinces

**EPTS sites only. FY18 cohort (n = 297,202) initiated ART Mar 21, 2017 – Mar 20, 2018; FY19 cohort (n = 276,813) initiated ART Mar 21, 2018 – Mar 20, 2019; FY20 cohort (n = 234,141) initiated ART Mar 21, 2019 – Mar 20, 2020; FY21 cohort (n = 225,633) initiated ART Mar 21, 2020 – Mar 20, 2021.*

Improvements Seen in All Age/Sex bands but Lag for Youngest PLHIV

Evaluation Fiscal Year ● FY18 ● FY19 ● FY20 ● FY21

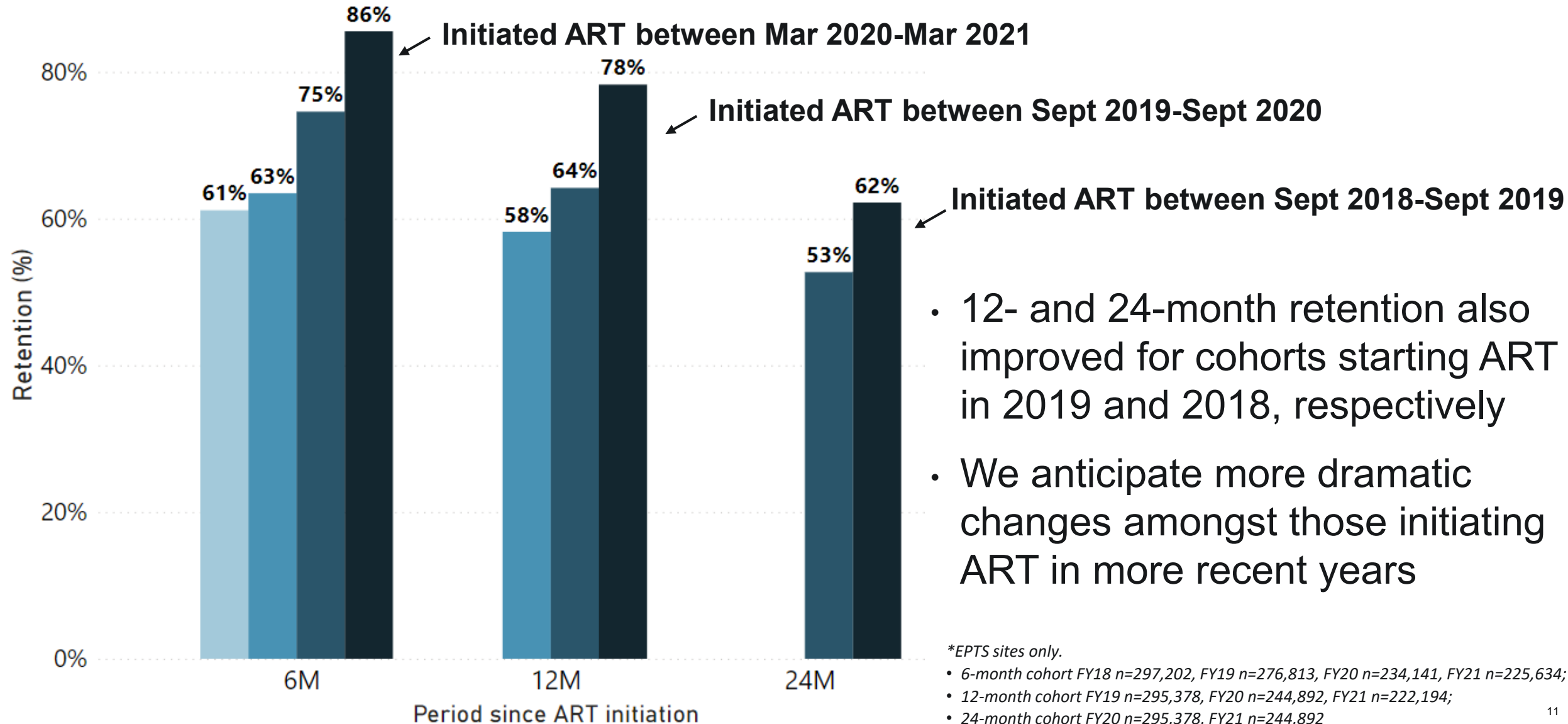


- 6-month retention has improved across all age/sex bands
- Gender gap is closing over time
- Children <10 are lagging farthest behind

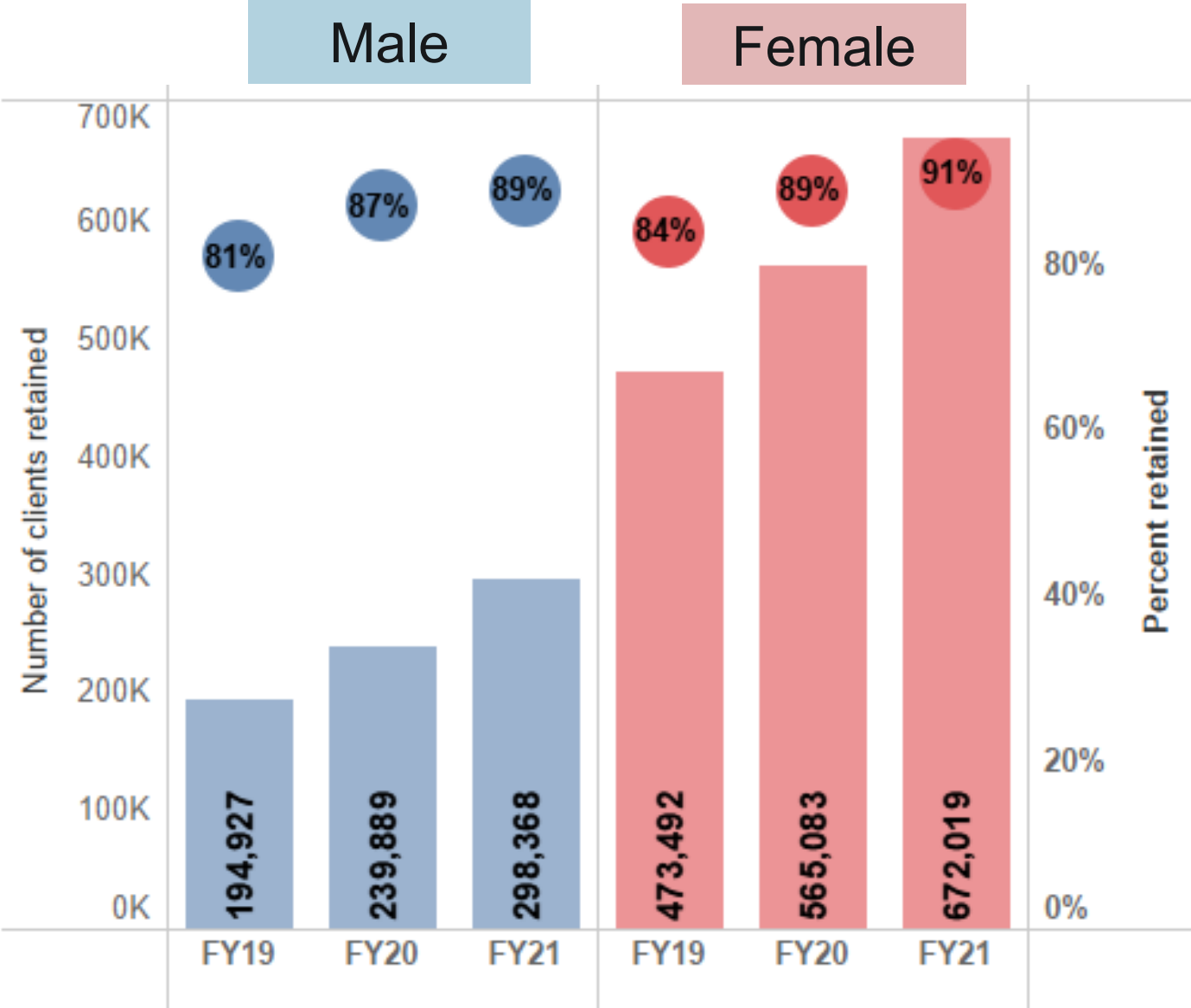
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12- and 24-Month Retention Also Improved, though Lag in Measurement

Evaluation Fiscal Year ● FY18 ● FY19 ● FY20 ● FY21



Cohort Retention Confirms Improvements for All Patients Active on ART



Cohort-based MozART data of anyone active on ART in Sept 2020 and assessed in Sept 2021 (FY21 cohort) demonstrates 90% retention

- Improved from FY19
- Gains nearly equal across males and females

National Cohort Retention among All ART Clients	
FY19	83%
FY20	89%
FY21	90%

Source: MozART Q4 FY21 (EPTS sites only)

Infants, Young Men, and AGYW Remain at Highest Risk for IIT

Outcomes in Sept 2021 of Anyone Active on ART in Sept 2020 (n=1,059,896)

Male

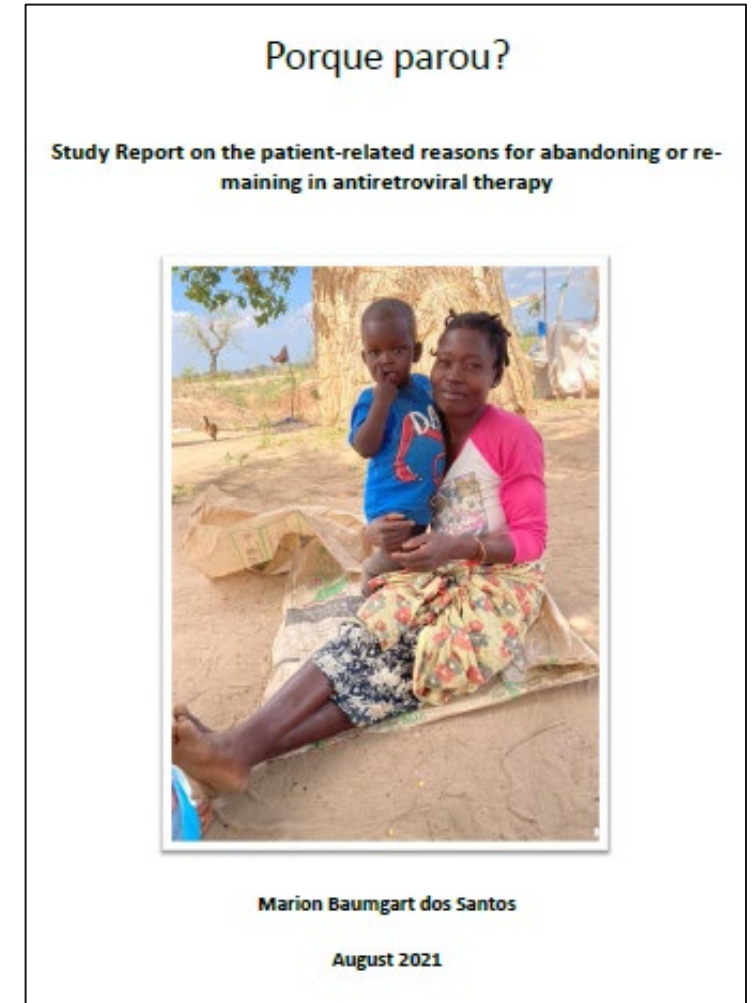
	Age											
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	Total
Retained	6,524 87%	9,867 92%	8,825 92%	5,938 89%	11,619 83%	27,103 85%	44,924 88%	49,319 89%	45,104 90%	32,741 91%	60,706 92%	298,368 89%
Not Retained	1,006 13%	898 8%	746 8%	708 11%	2,441 17%	4,910 15%	6,411 12%	6,198 11%	4,822 10%	3,281 9%	5,456 8%	36,580 11%

Female

	Age											
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	Total
Retained	7,168 87%	11,248 91%	10,233 92%	16,595 85%	71,327 86%	108,470 89%	123,273 91%	108,424 92%	87,366 93%	55,070 93%	92,282 93%	672,019 91%
Not Retained	1,106 13%	1,124 9%	902 8%	3,017 15%	11,681 14%	13,857 11%	12,631 9%	9,573 8%	6,706 7%	3,987 7%	6,642 7%	70,122 9%

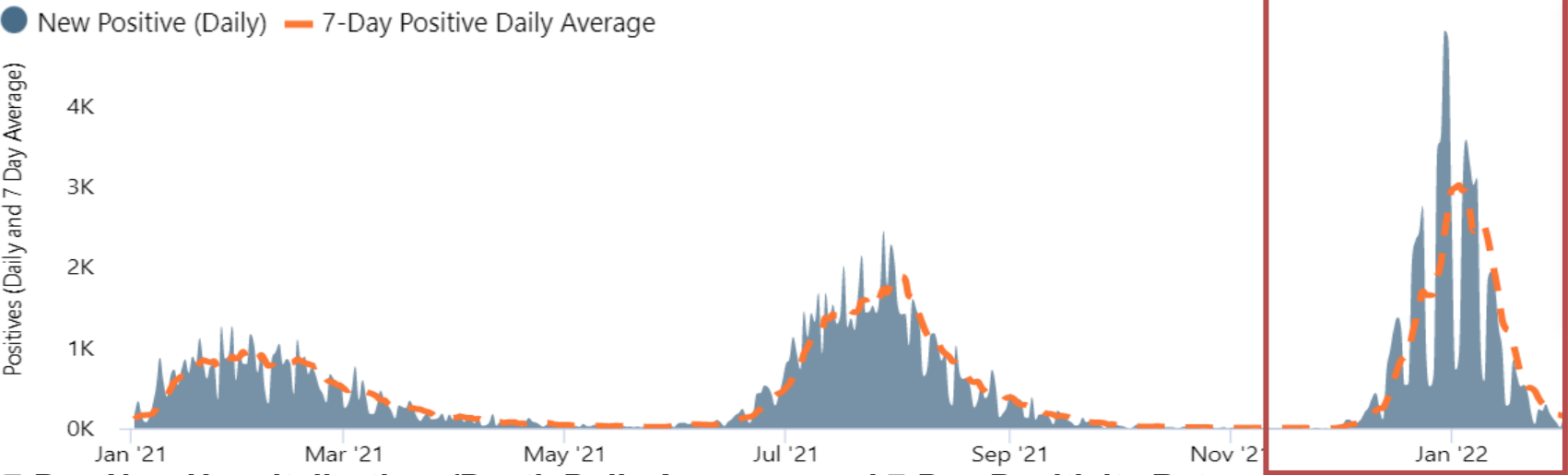
Patient- and HCW-Identified Recommendations to Improve LTFU

- In Oct-Dec 2020, MOH and GF conducted a qualitative study interviewing 159 patients and providers/activistas in 7 districts about reasons for abandoning or remaining in treatment
- Select lessons/recommendations to improve retention:
 - Improved HIV literacy including about ARVs and options for differentiated service delivery
 - Stigma reduction, including targeted interventions for men and other vulnerable populations
 - Targeted psychosocial and follow up support for newly diagnosed patients who deny their HIV status
 - Strengthened technical capacity of activists and other lay cadre to ensure high quality counselling
 - Mental health screening and service provision by trained/licensed staff
 - Economic strengthening and livelihood interventions



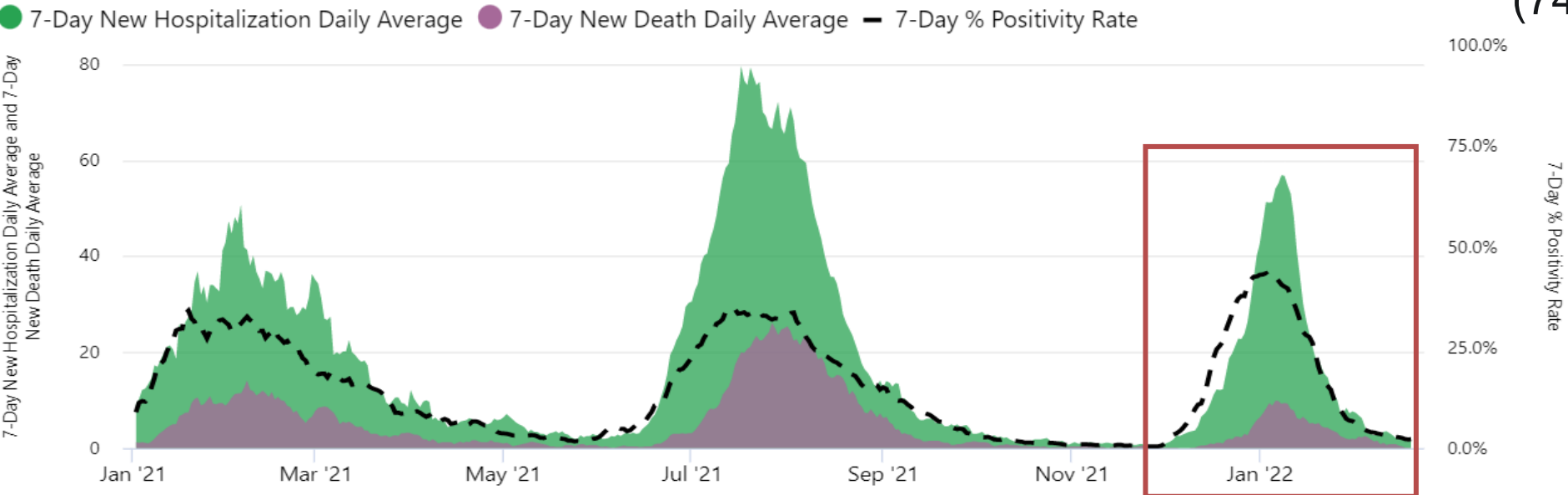
The Other Epidemic: Covid-19 Hit Mozambique Again in FY22 Q1-2

New Positive Covid-19 Cases and 7-Day Positive Daily Average



- Mozambique experienced its 4th Covid-19 wave in December 2021 through January 2022
- As of March 3rd, 83% of the *adult* population has received at least 1 dose (74% fully vaccinated)

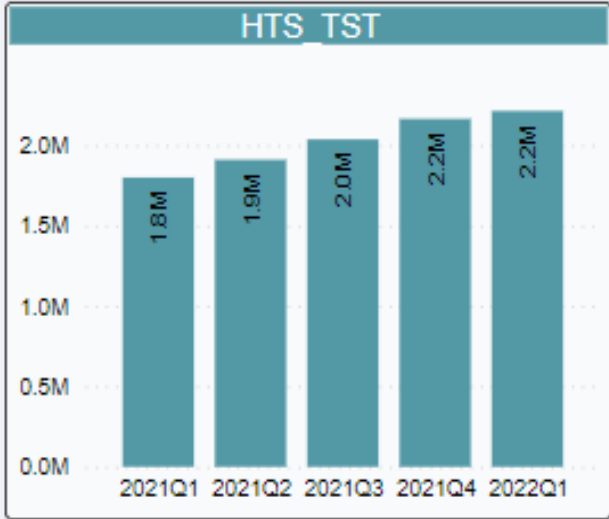
7-Day New Hospitalizations/Death Daily Averages and 7-Day Positivity Rate



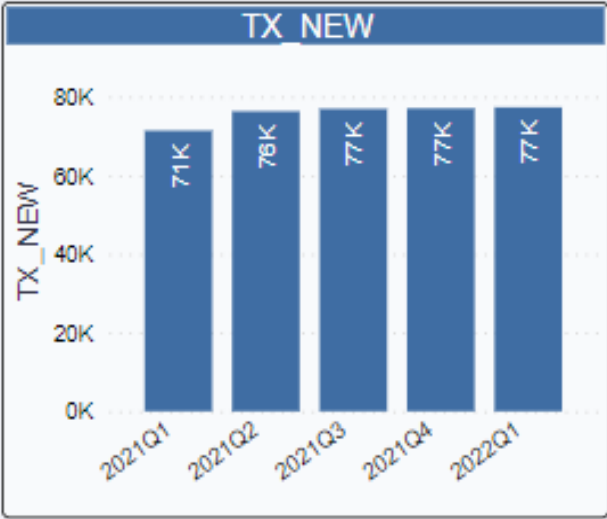
Where Are We in FY22 Q1?

Steady Case Finding, Linkage and Program Growth in FY22 Q1

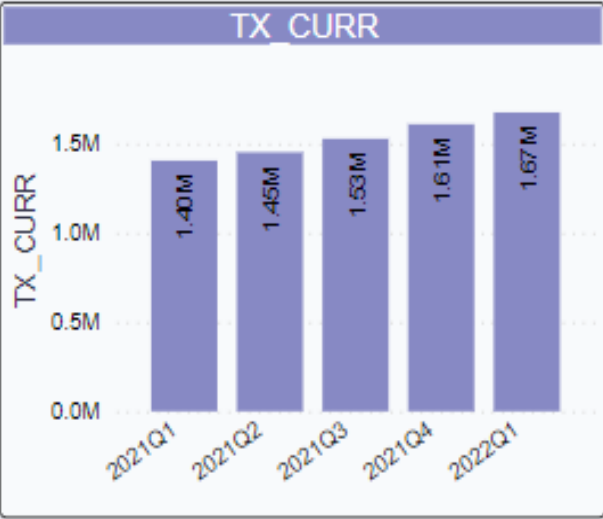
Case Identification



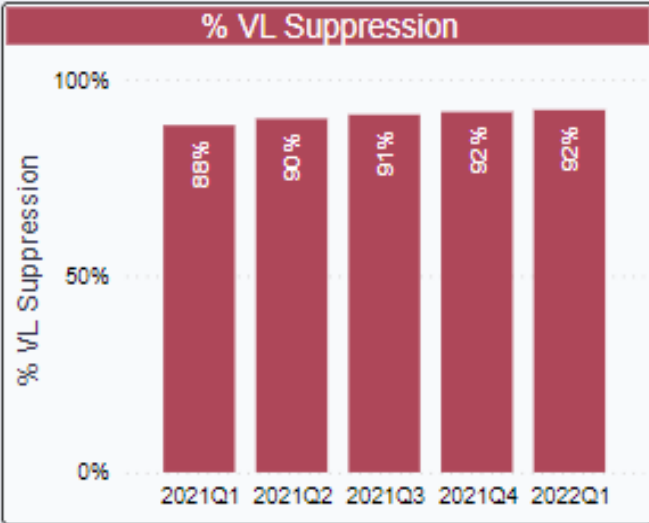
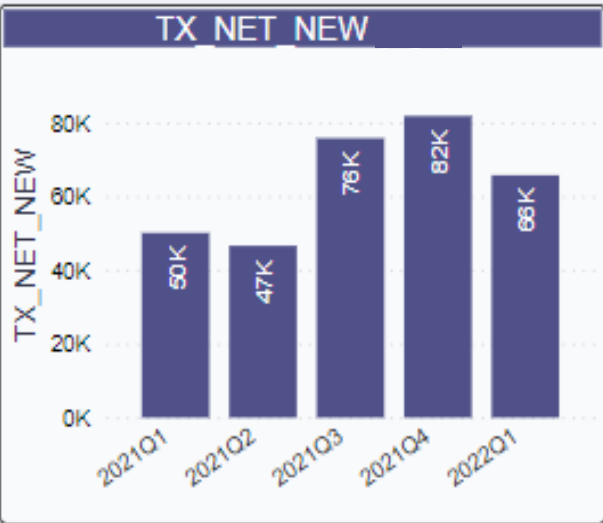
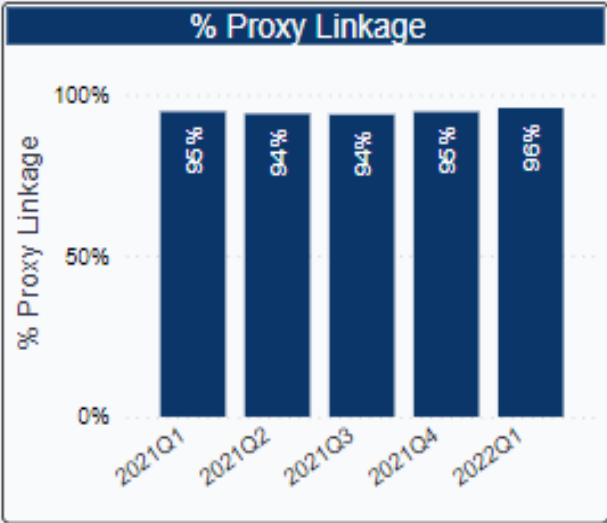
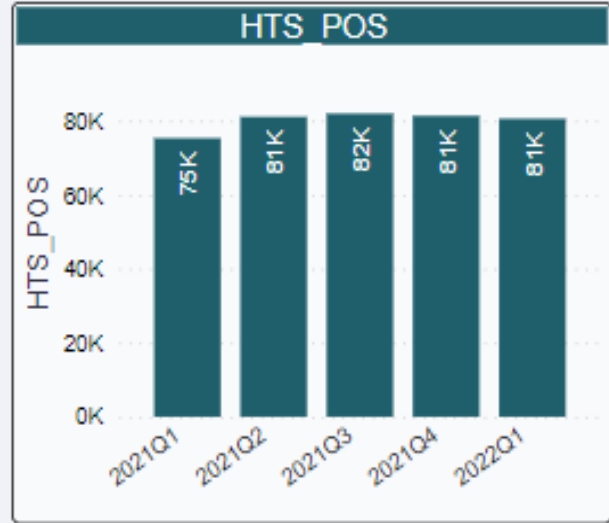
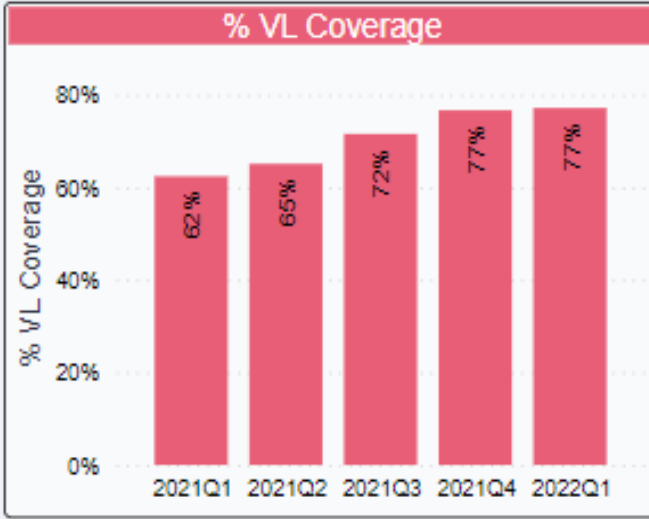
Enrollment/Linkage



Tx Program Growth

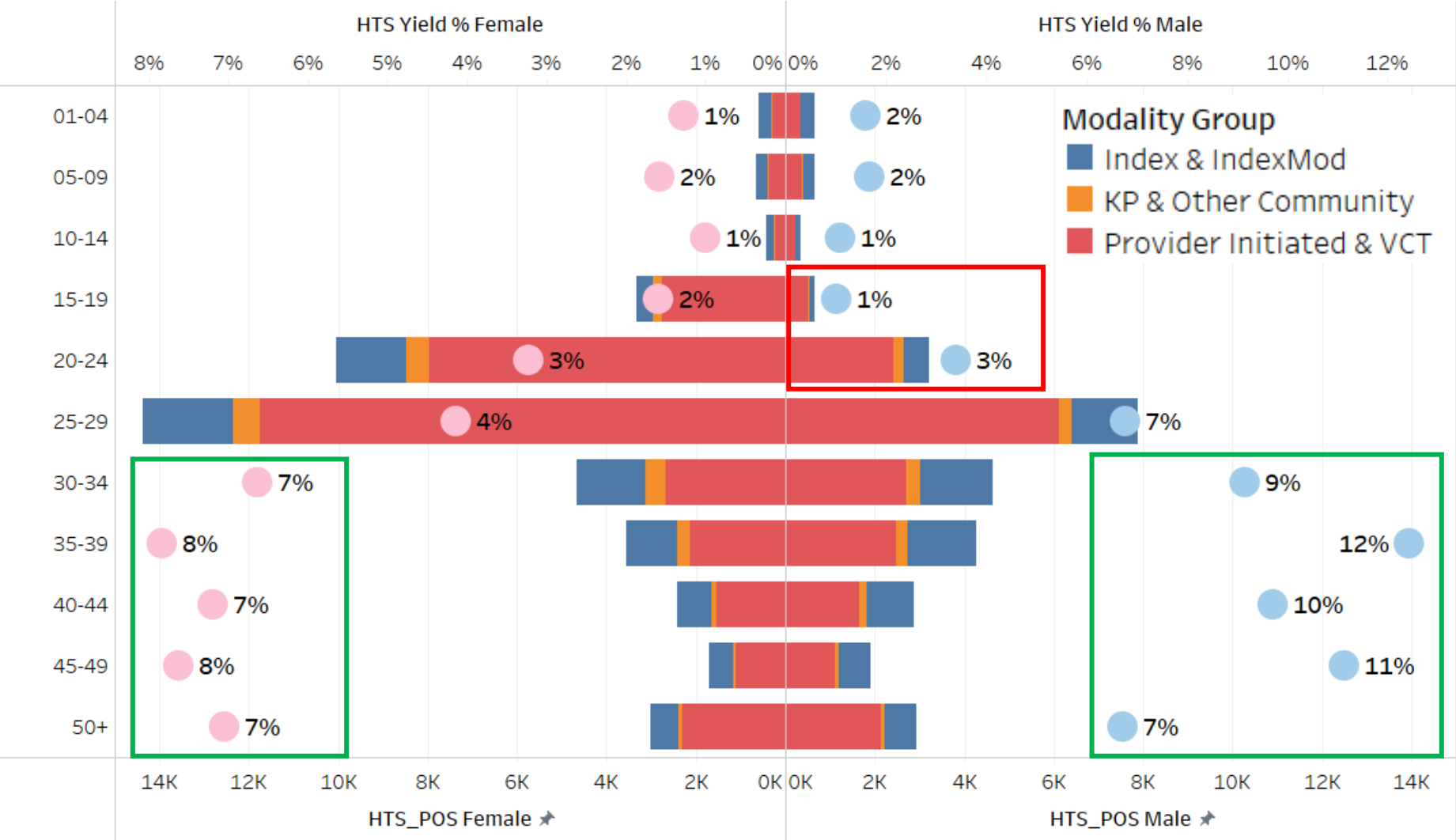


Viral Load



Efficient Provider-Initiated, Community, and Index Testing

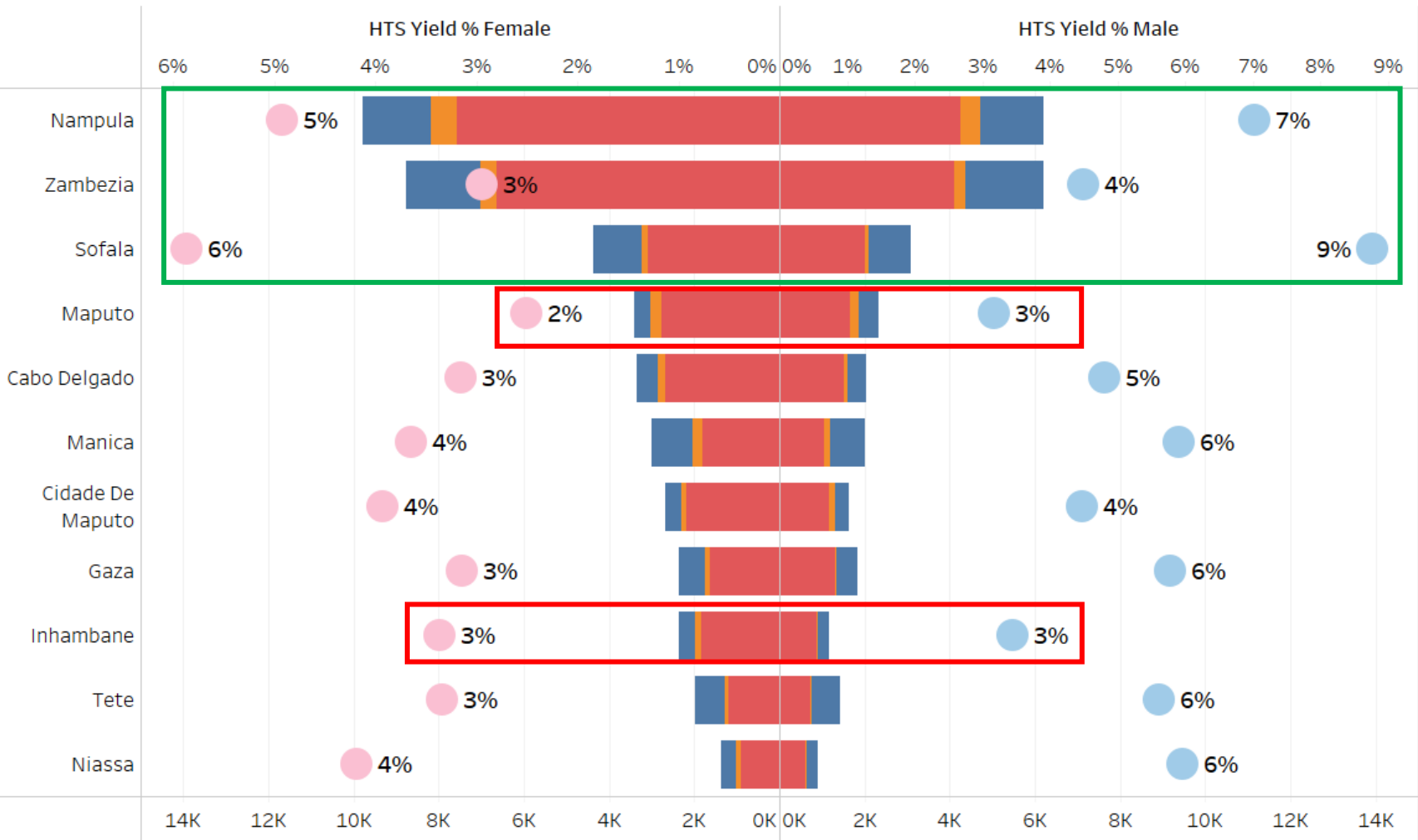
Number of New Positives Identified, by Age, Sex, and Modality Group, FY22 Q1



- Total of **81,979** new positives identified in Q1; on-track to reach COP21 POS target
- Index testing identifying approx. 40% of all new pediatric positives
- More expansive testing among younger adults age 15-29 (groups with greatest incidence)
- Clear case finding gap among young men 15-24
- Targeted screening in PITC - overall yields near 10% for adults 30+

Accelerating Case Finding in Provinces with Lowest 1st 95 Coverage

Number of New Positives Identified, by Province, Sex, and Modality Group, FY22 Q1



Modality Group

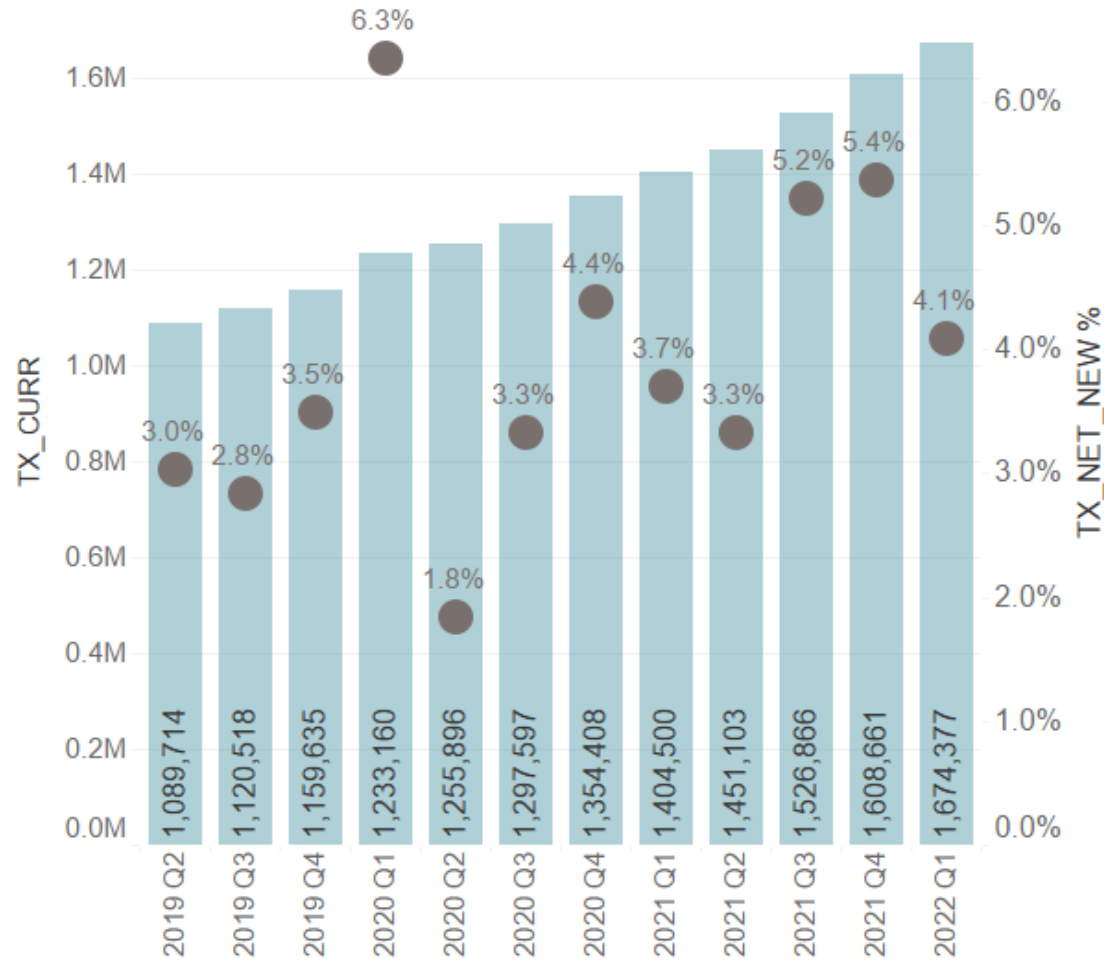
- Index & IndexMod
- KP & Other Community
- Provider Initiated & VCT

- Greater numbers of new positives identified in provinces with the highest HIV incidence (Nampula, Zambezia, Sofala); large returns from index case testing.
- Starting to see lower male & female yields in provinces closer to 1st 95 coverage (e.g. Maputo & Inhambane)

Treatment Growth Continues to be Strong Despite COVID-19 in Q1

- TX_CURR percent growth remains high despite Covid-19, and >5% in 3 provinces
- Patient losses (TX_ML) continuing to improve over time (3.8% from 5.2% a year ago)

TX_CURR & % NET_NEW Trend

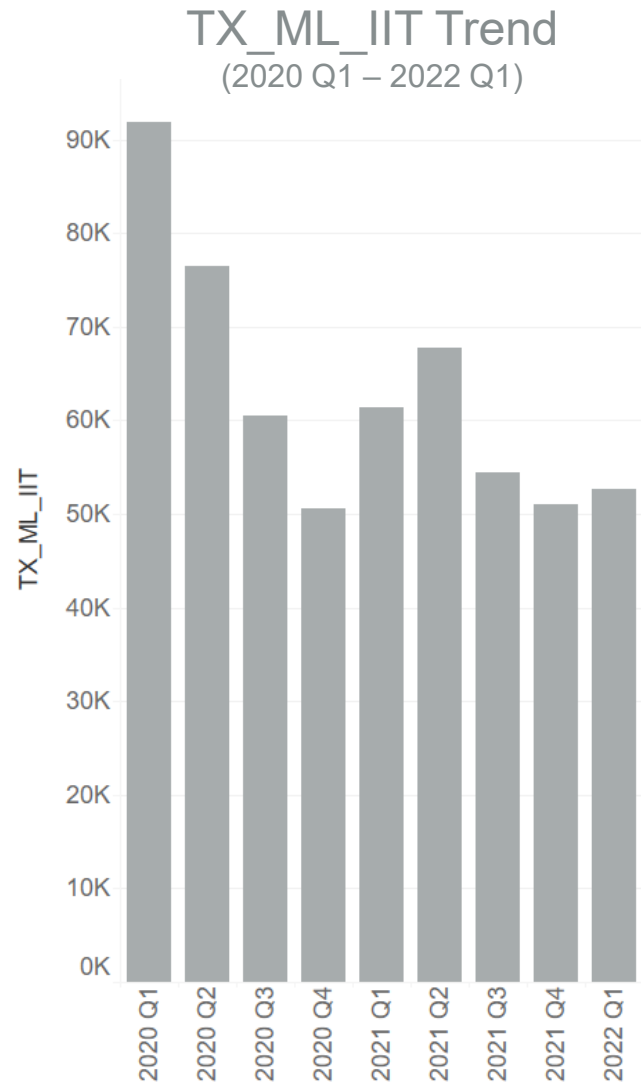
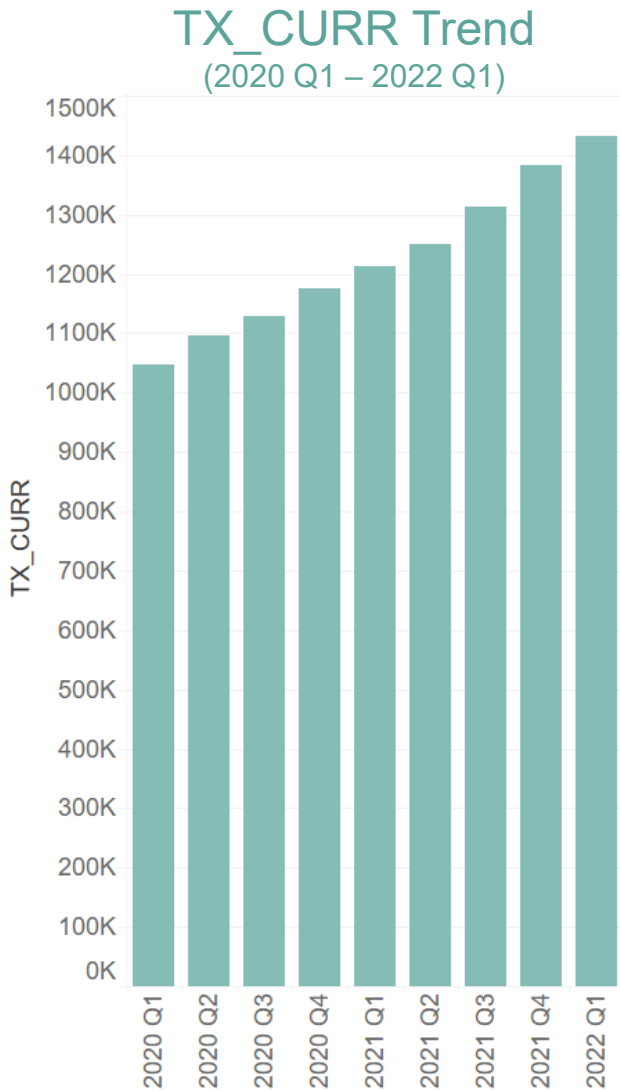
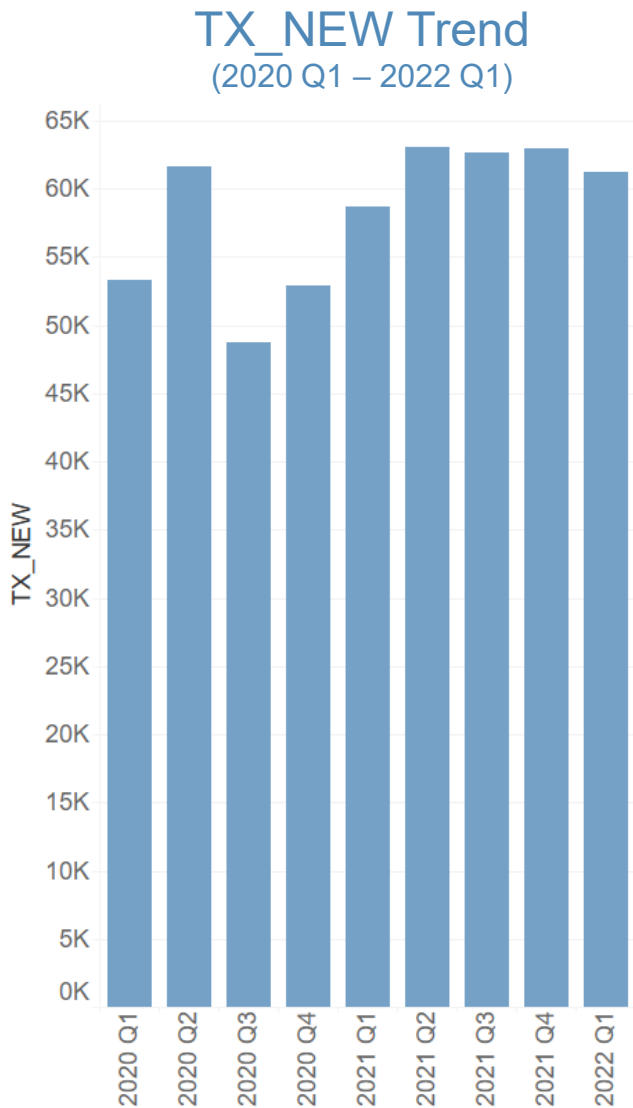


Tx Growth Summary by Province in AJUDA sites, Q1 2022

	TX_NEW	TX_RTT	TX_NET_NEW	% TX_NET_NEW	TX_PatientLoss %	TX_CURR
Sofala	5,684	7,150	10,662	10.0%	2.2%	117,243
Nampula	13,563	3,788	10,989	7.6%	5.0%	154,905
Niassa	1,308	1,086	1,352	5.5%	3.5%	26,150
Manica	4,214	2,732	4,861	4.8%	2.0%	106,170
_Military Mozambique	1,389	102	1,100	4.5%	0.6%	25,785
Tete	2,624	420	2,789	4.0%	0.4%	71,876
Zambezia	13,227	15,367	11,541	3.8%	6.0%	317,160
Cabo Delgado	4,664	2,996	1,538	2.3%	10.2%	67,866
Maputo	4,858	1,711	2,222	1.4%	2.8%	157,200
Gaza	3,348	778	1,520	1.0%	1.1%	155,897
Cidade De Maputo	3,716	2,209	1,174	0.8%	3.5%	143,920
Inhambane	2,568	718	-83	-0.1%	3.6%	75,123
Grand Total	61,163	39,057	49,665	3.6%	3.8%	1,419,295

$TX_PatientLoss \% = TX_PatientLoss / Potential\ TX_CURR$
 $TX_PatientLoss = TX_ML - TX_ML\ Transferred\ Out$
 $Potential\ TX_CURR = TX_CURR_prev + TX_NEW$

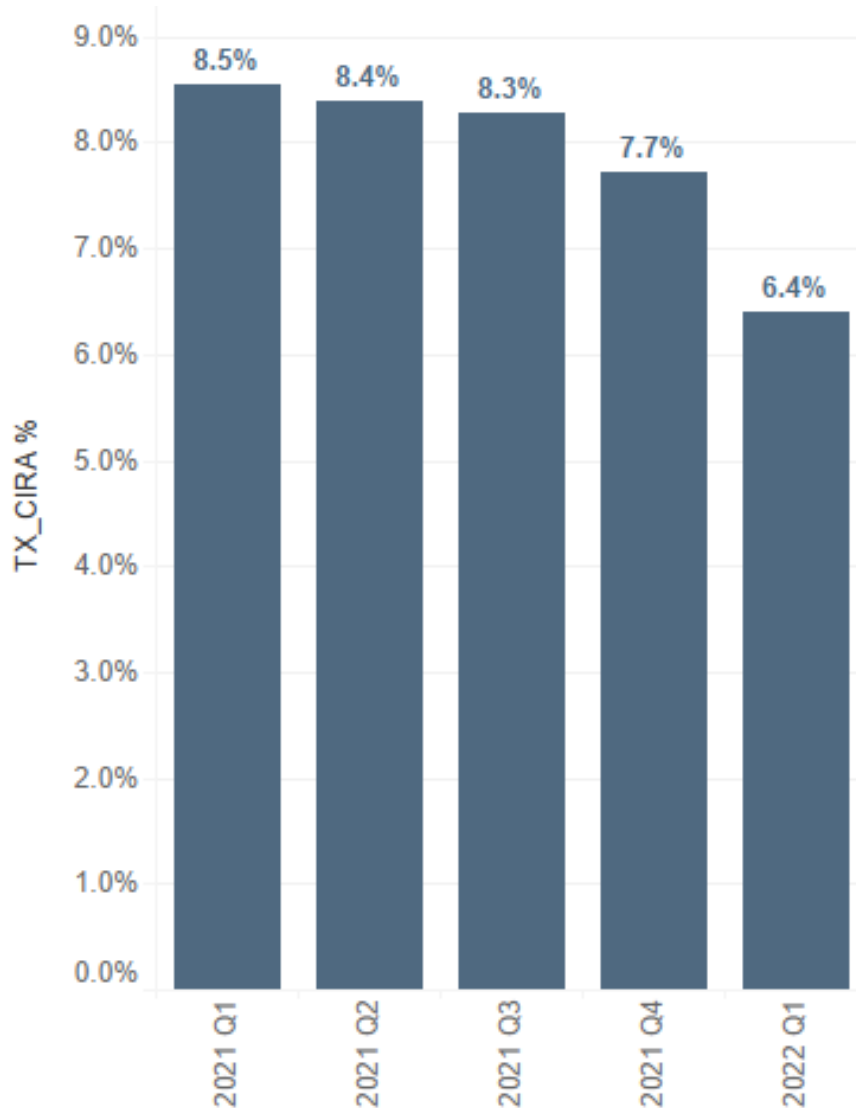
TX_CURR Driven by Reductions in ITT in Setting of Steady TX_NEW



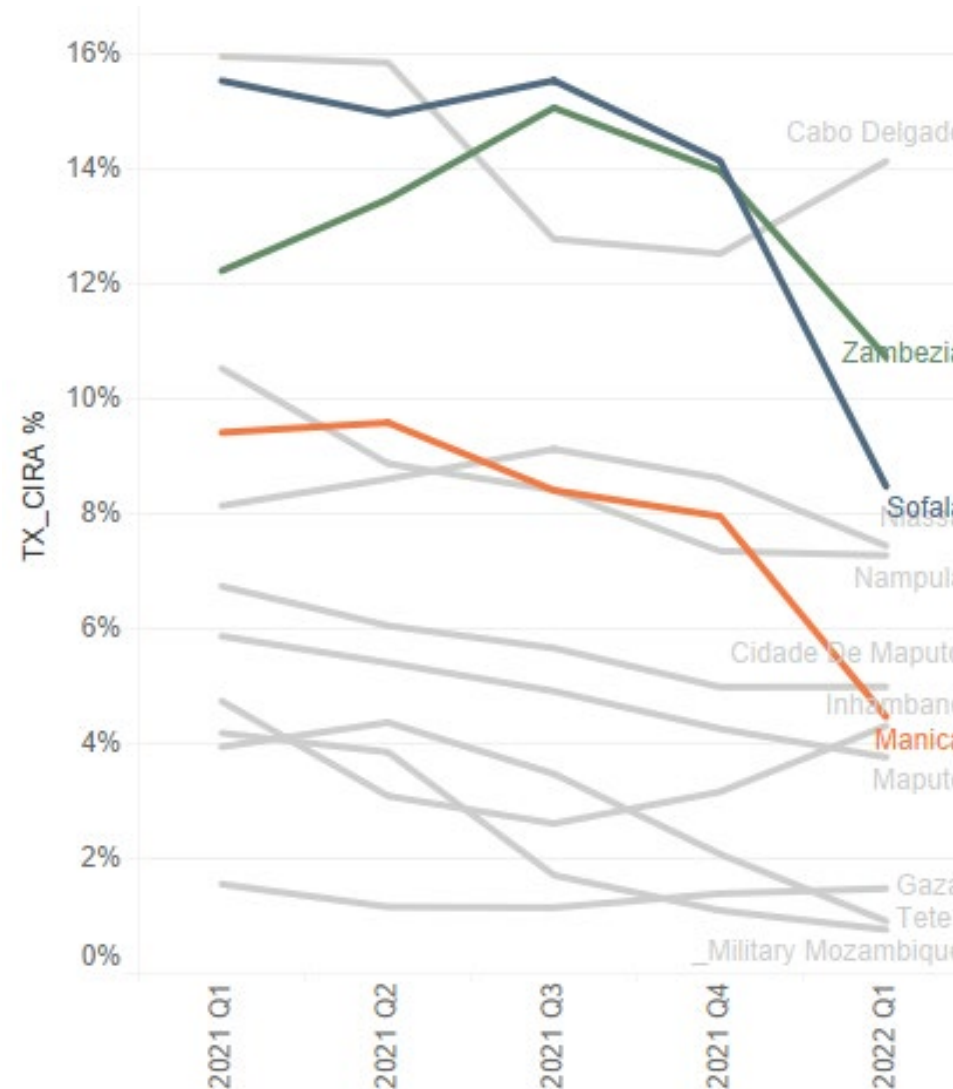
TX_ML_IIT = TX_ML filtering for Interruption in Treatment disaggregates only

The Cycle of Interruption and Return to ART (CIRA) is Improving Over Time

National CIRA Trend



Provincial CIRA Trend

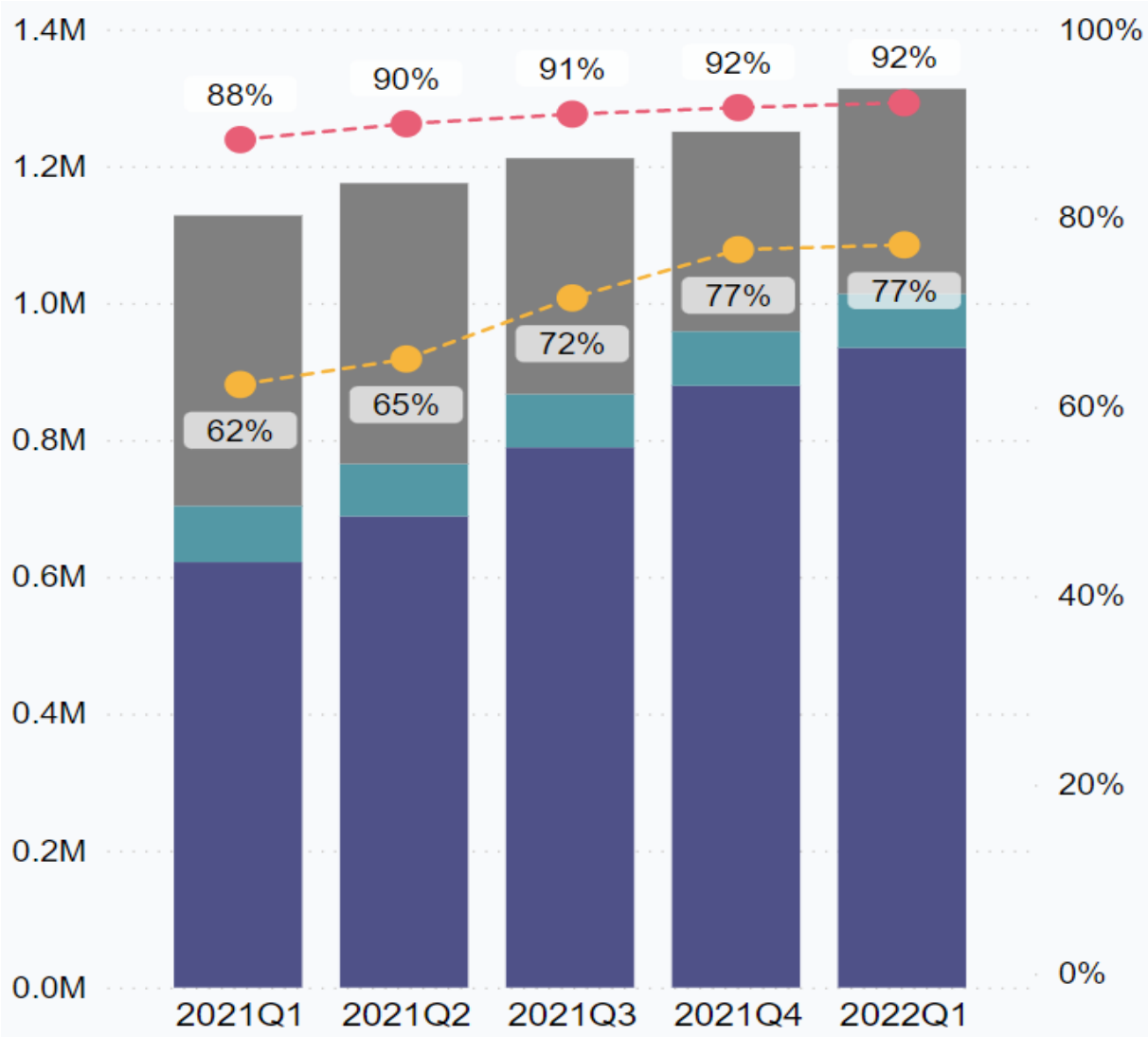


- “Churn” of patients through treatment interruptions and returns has reduced nationally from 8.5% in FY21 Q1 to 6.4% in FY22 Q1
- Gains largely driven by Zambezia, Sofala and Manica, with continued challenges in Cabo Delgado

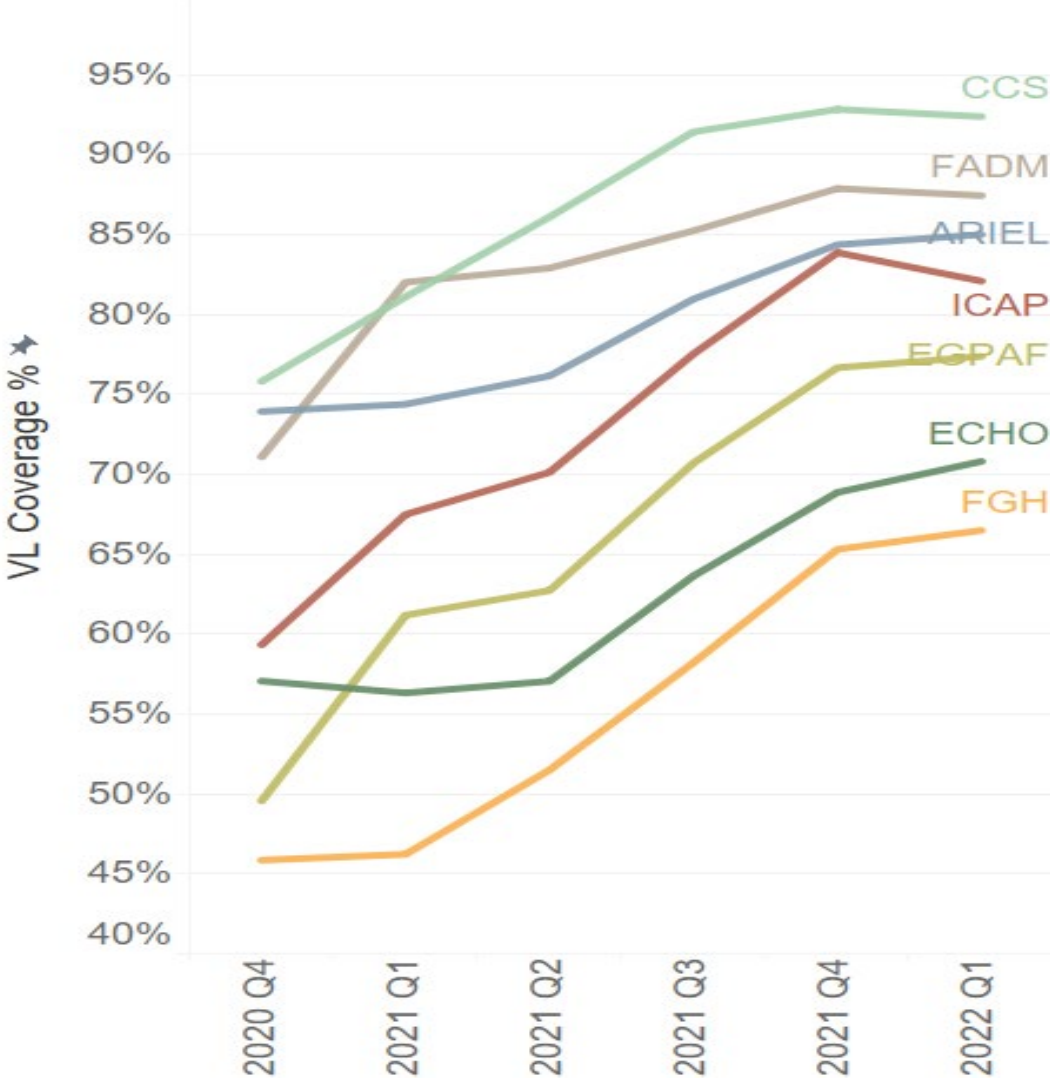
% CIRA: $(TX_ML + TX_RTT) / (Potential\ TX_CURR)$
Potential TX_CURR: $TX_CURR_prev + TX_NEW$ ²²

Gains in Viral Load Coverage & Suppression Slowed in Q1

Virally Suppressed Not Virally Suppressed
Not tested For VL % VL Coverage % VL Suppression

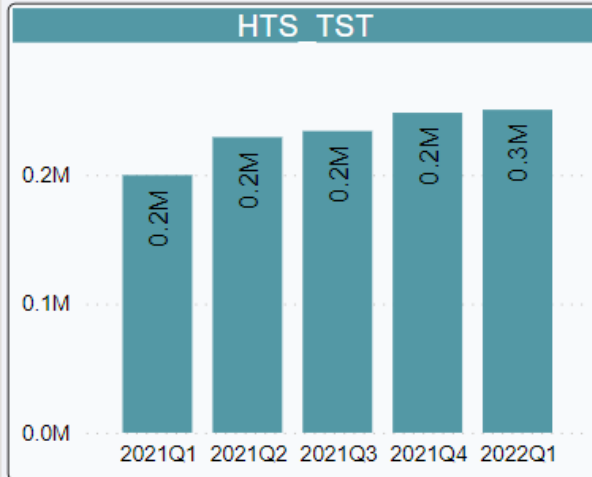


Trends in VLC by Province

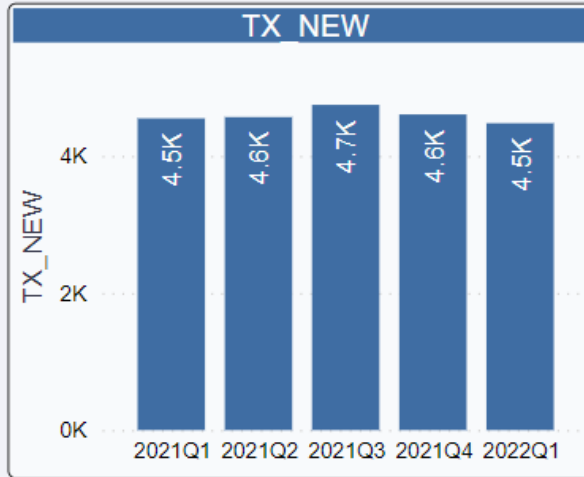


Pediatric Clinical Cascade Demonstrates Steady Program Growth

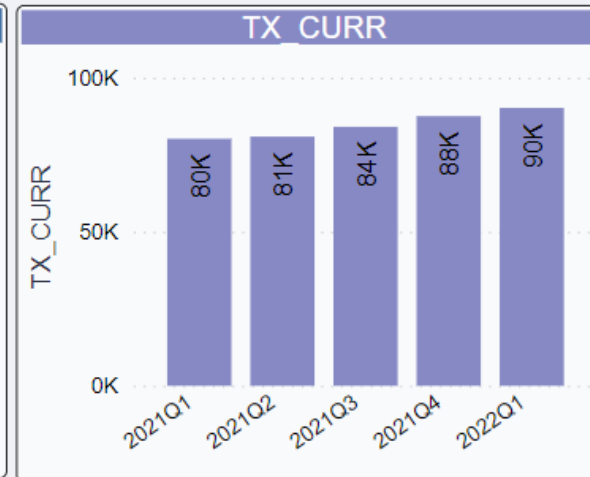
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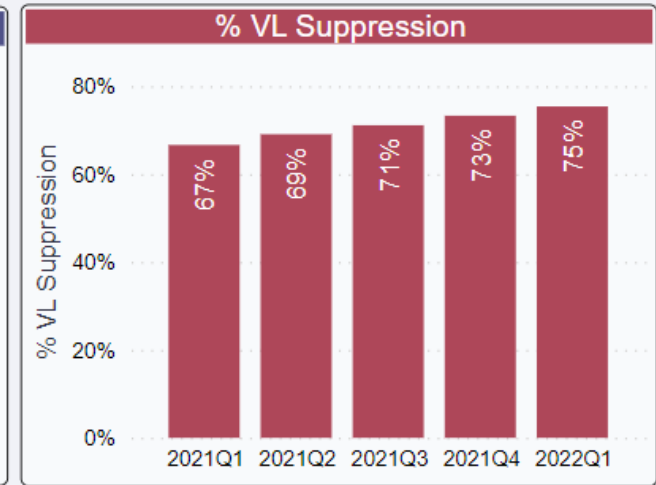
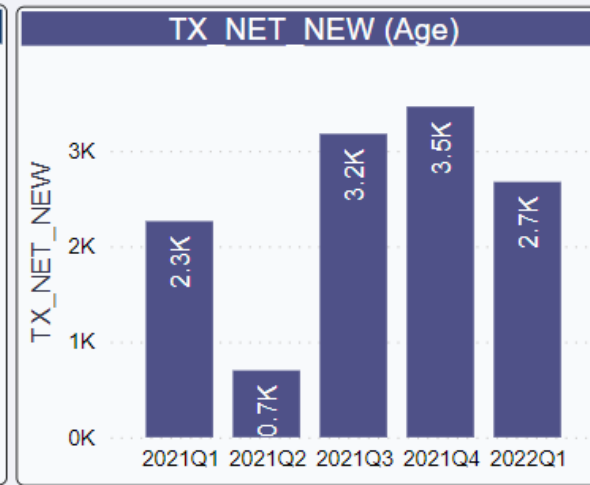
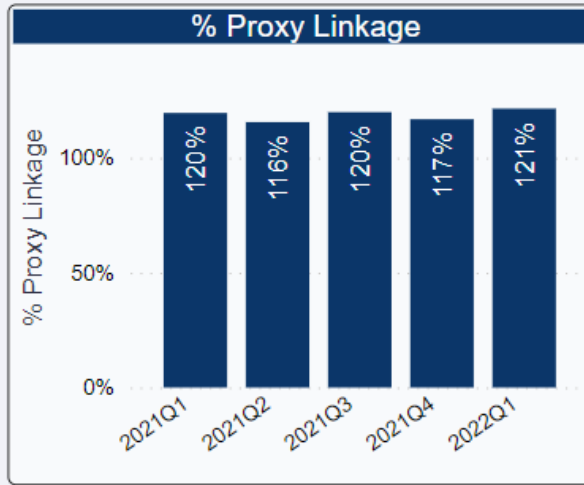
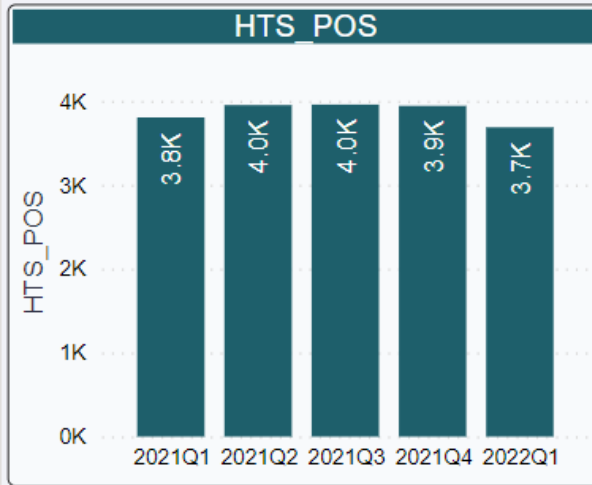
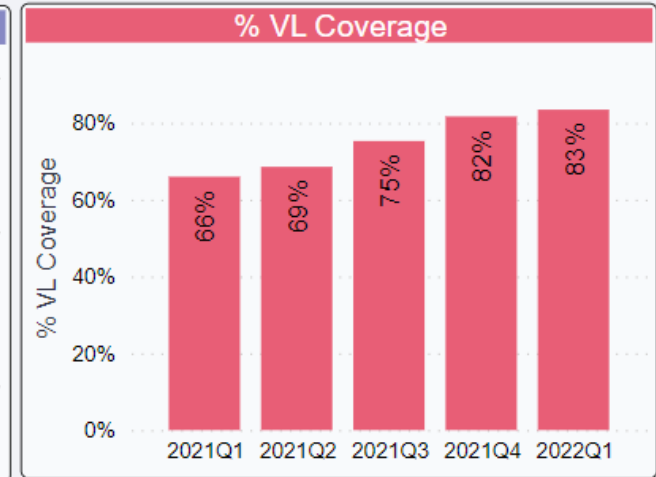
Enrollment/Linkage



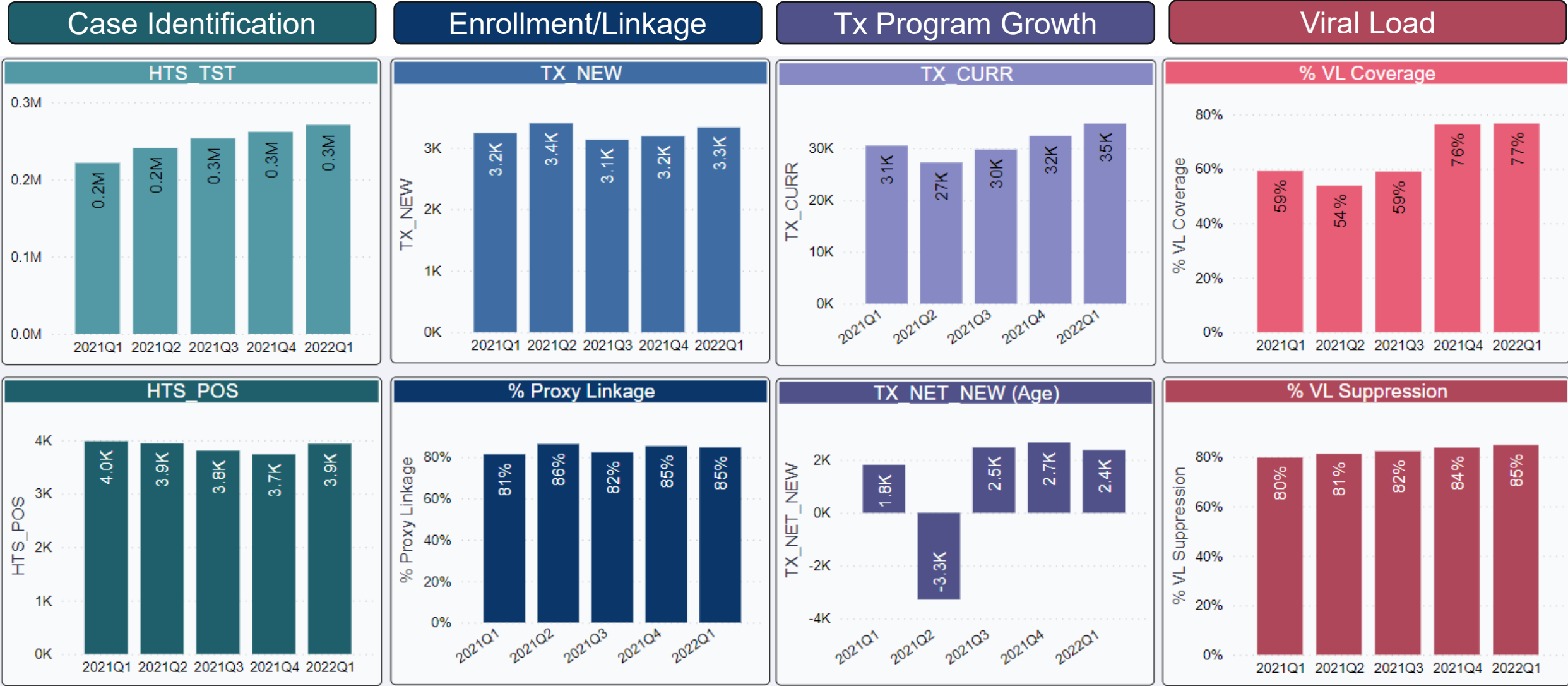
Tx Program Growth



Viral Load

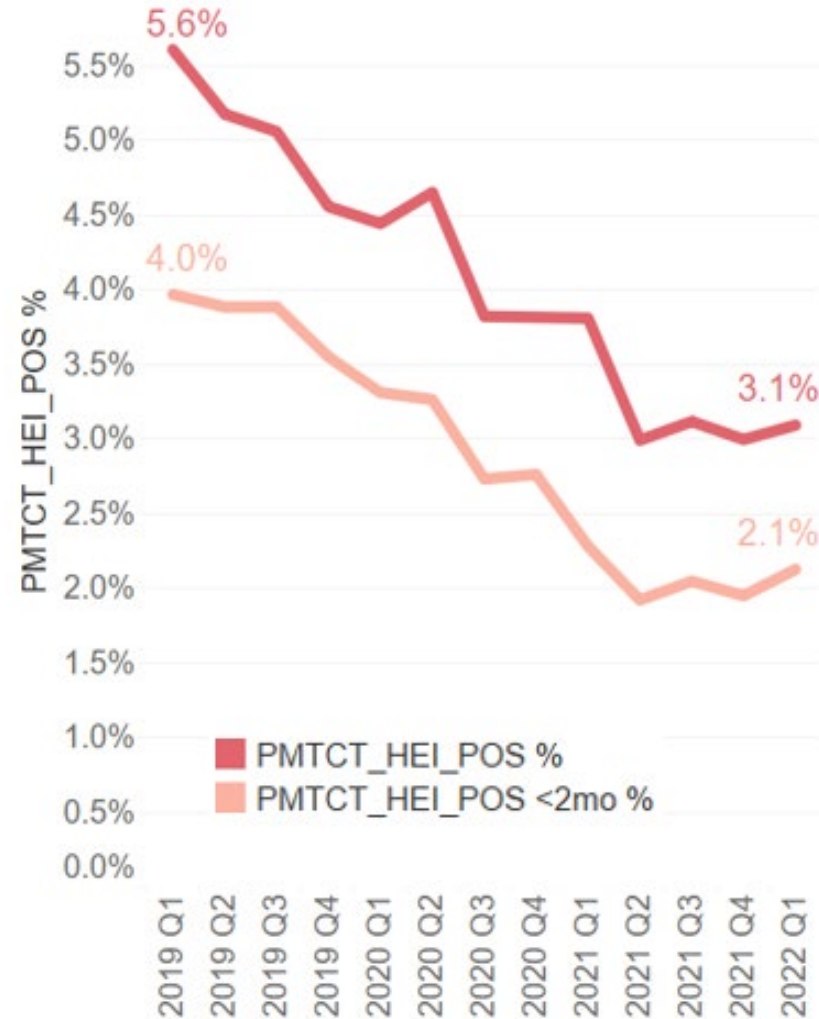


Adolescent Clinical Cascade With Modest Growth

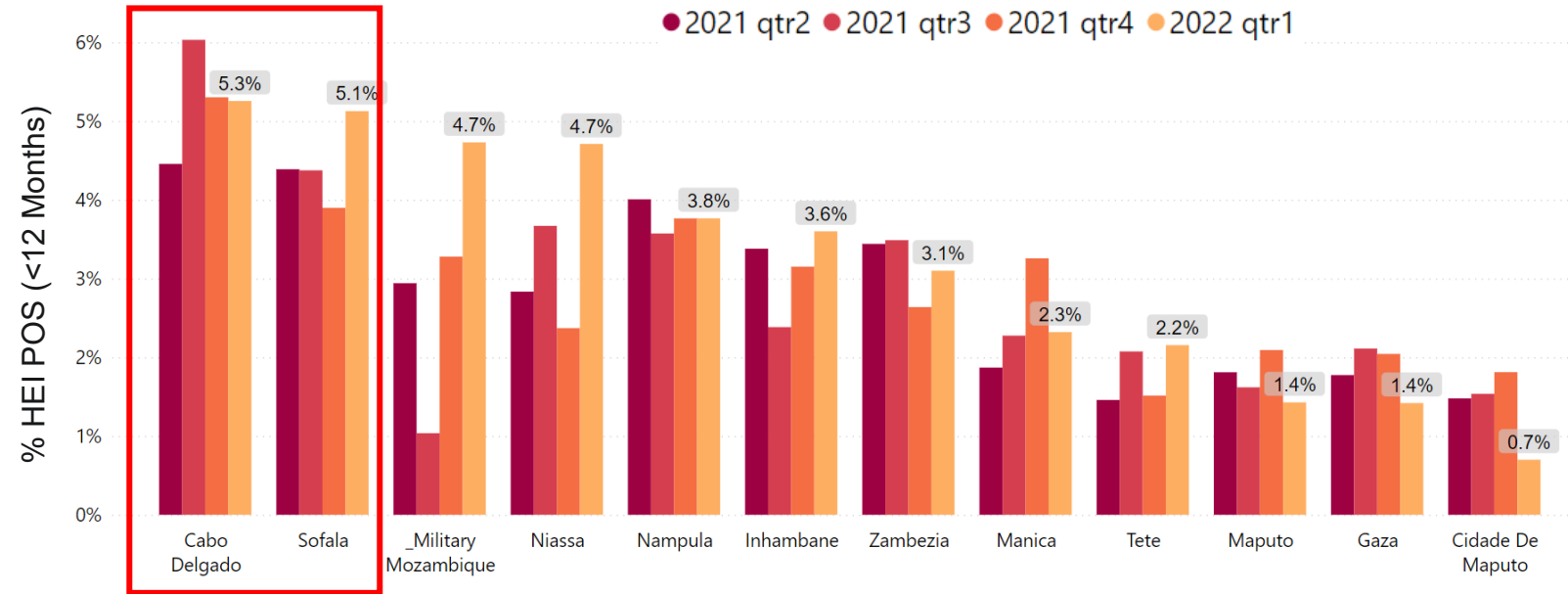


PMTCT Program in AJUDA Sites With Uneven Recent Provincial Gains

HEI positivity trend AJUDA sites, 2019-2022



HEI Positivity Trend by Province, 2021-2022



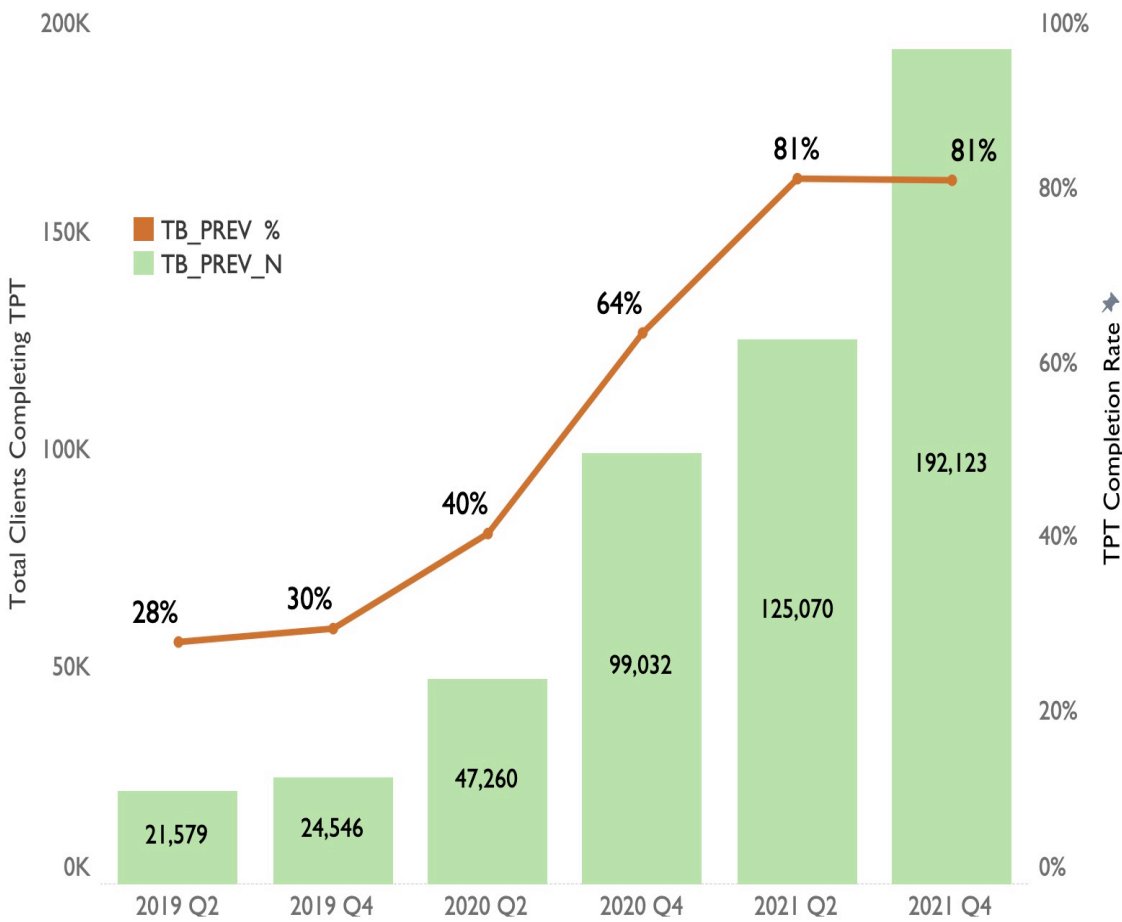
Consistent PCR positivity decrease nationally over the last 3 years, but progress stalled in past three quarters, including Q1

Geographic variation impacting progress in Q1:

- *Cabo Delgado and Sofala* with 12-month infant positivity >5%; violent conflict, insecurity, health facility closures, and population movement impede progress
- *Maputo Province, Maputo City and Gaza* with less than 2% positivity

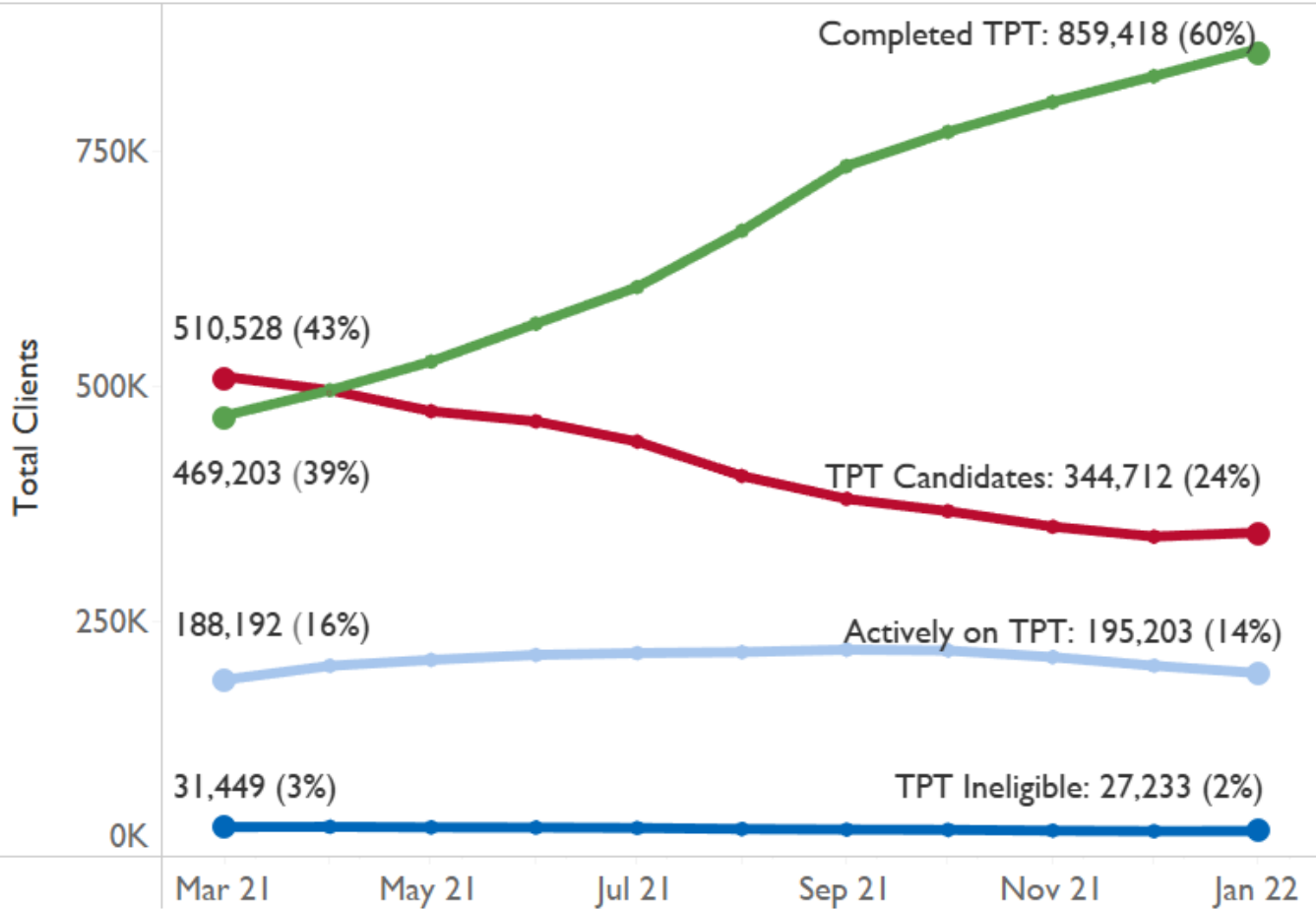
TPT Volume, Completion and Coverage Continue Climbing at AJUDA Sites

Trend in TPT Completion Rates and Client Volumes



Continued increase in total individuals that complete TPT by semester (317,193 in FY21)

Monthly Trend in TPT Coverage of TX_CURR at AJUDA Sites

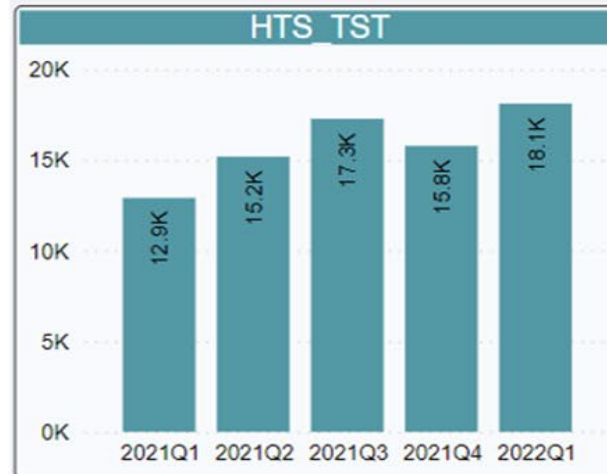


Increase in TPT coverage (completed or active on TPT) among patients on ART from 55% in March 2021 to 74% in Jan 2022

KP Snapshot: Continued Expansion & Strong Clinical Cascade

Community & clinical partner reporting shows strong KP testing, case identification, PrEP_NEW expansion, treatment growth & viral suppression as of FY22 Q1.

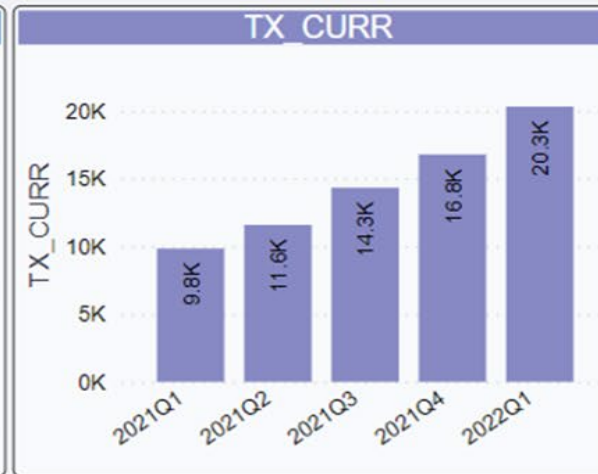
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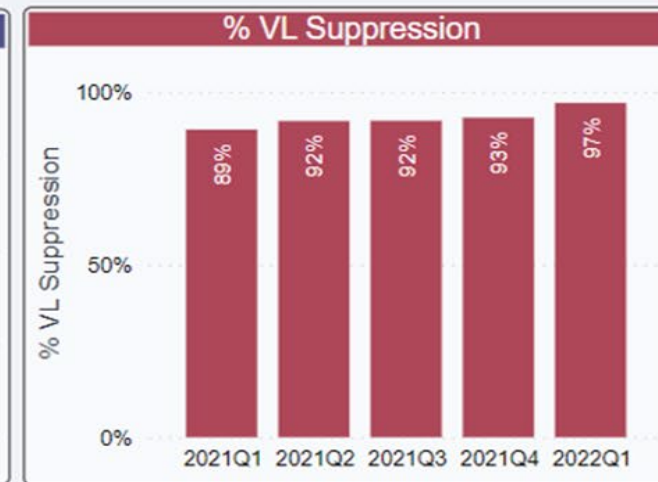
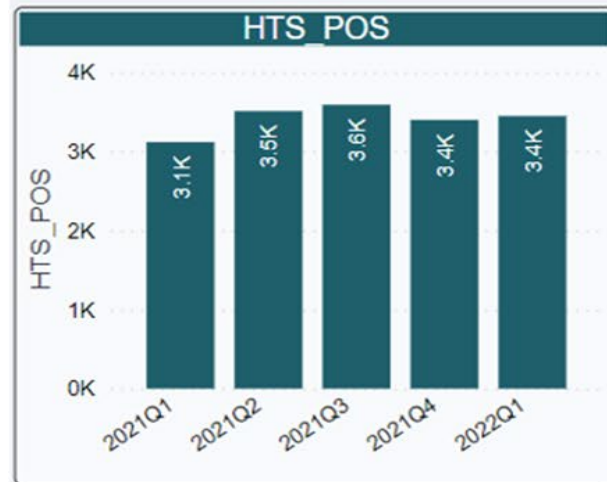
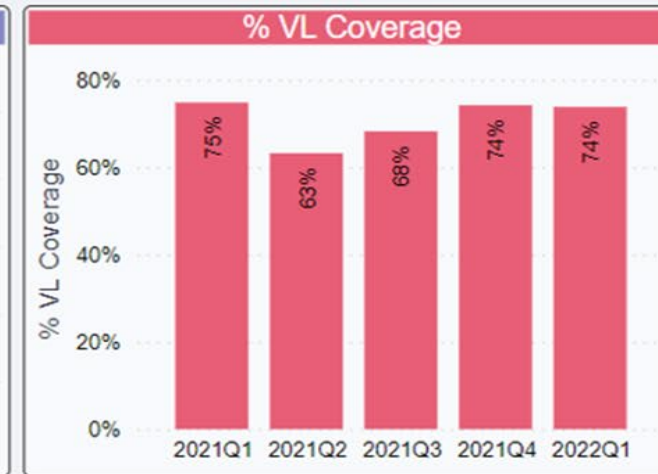
TX & PrEP Enrollment



TX Program Growth



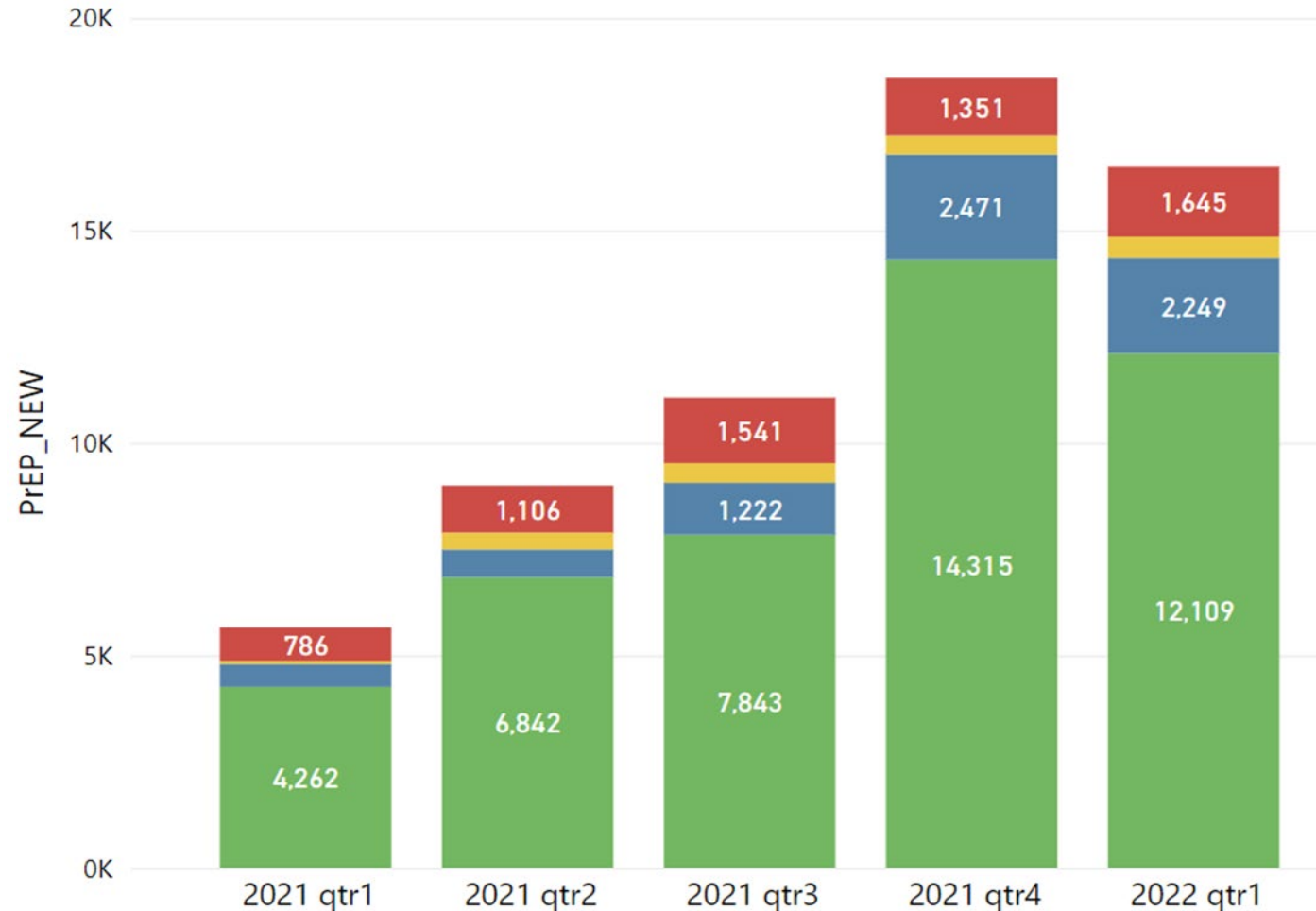
Viral Load



PrEP Expansion to All 11 Provinces Beginning in Q1

- 44 new HF's reported on PrEP in Q1FY22
- Reduction in Q1 enrollment due to introduction of new PrEP tools

● Gen Population ● FSW ● MSM ● People in Prisons

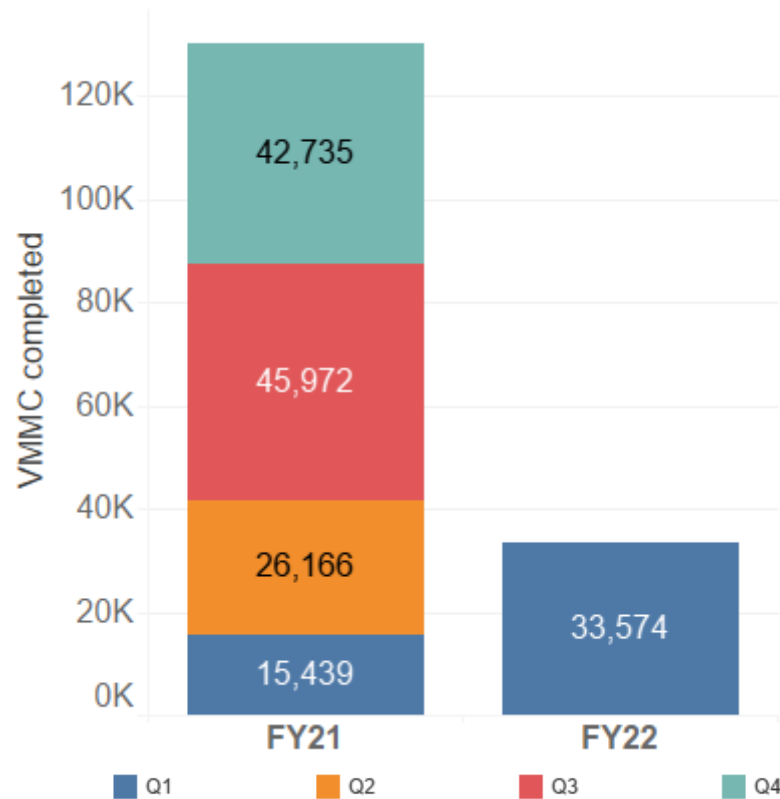


■ Pilot phase
■ Phase I

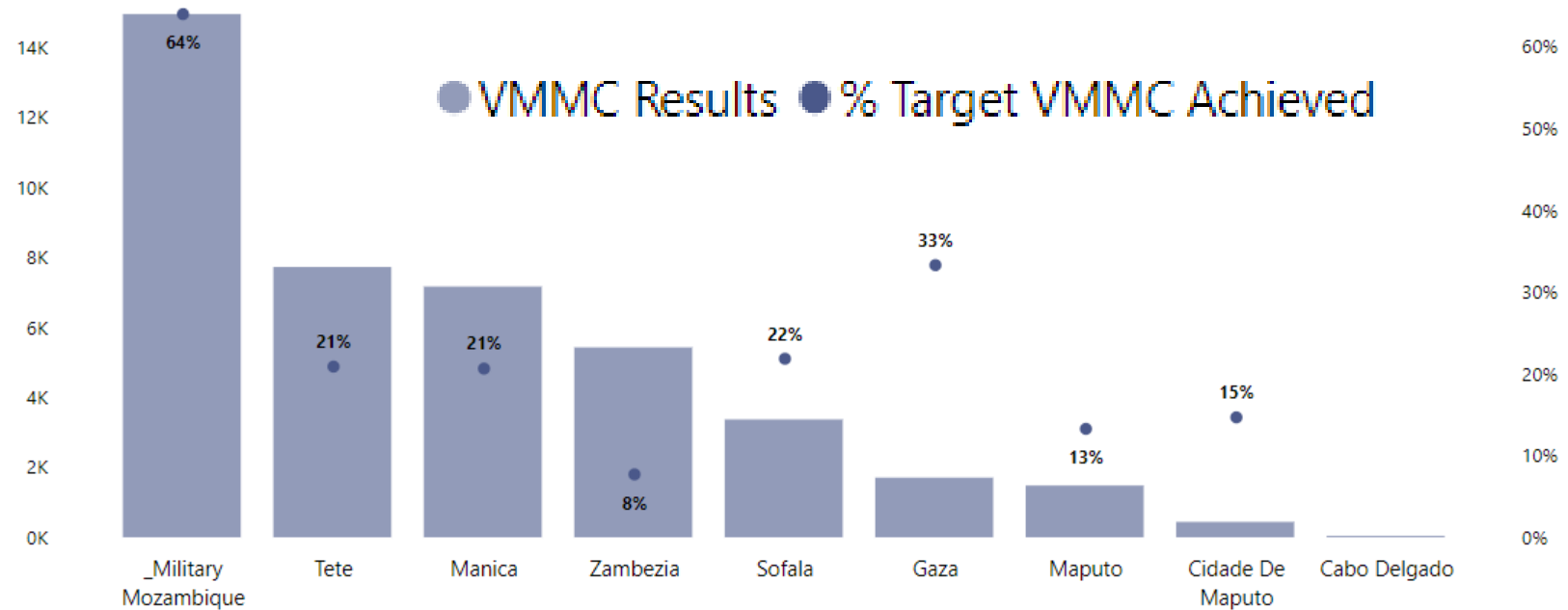
Following a 3-province pilot, Mozambique rolled out Phase 1 of PrEP expansion to all 11 provinces in Q1FY22

Strong VMMC Program: Progress Towards Targets and Saturation

VMMC_CIRC Achievements by Quarter



- Strong program performance in Q1 (20% annual target) despite Covid-19 wave, with provincial variation
- Well placed to reach 85% coverage of men 15-29 years old at the provincial level by end FY22, but district variation remains (~53% of districts with estimated coverage < 80%)



CLM: Provider Behavior Caused Majority of Patient Grievances in FY22 Q1

Snapshot of Namati & N’weti CLM data in FY22 Q1

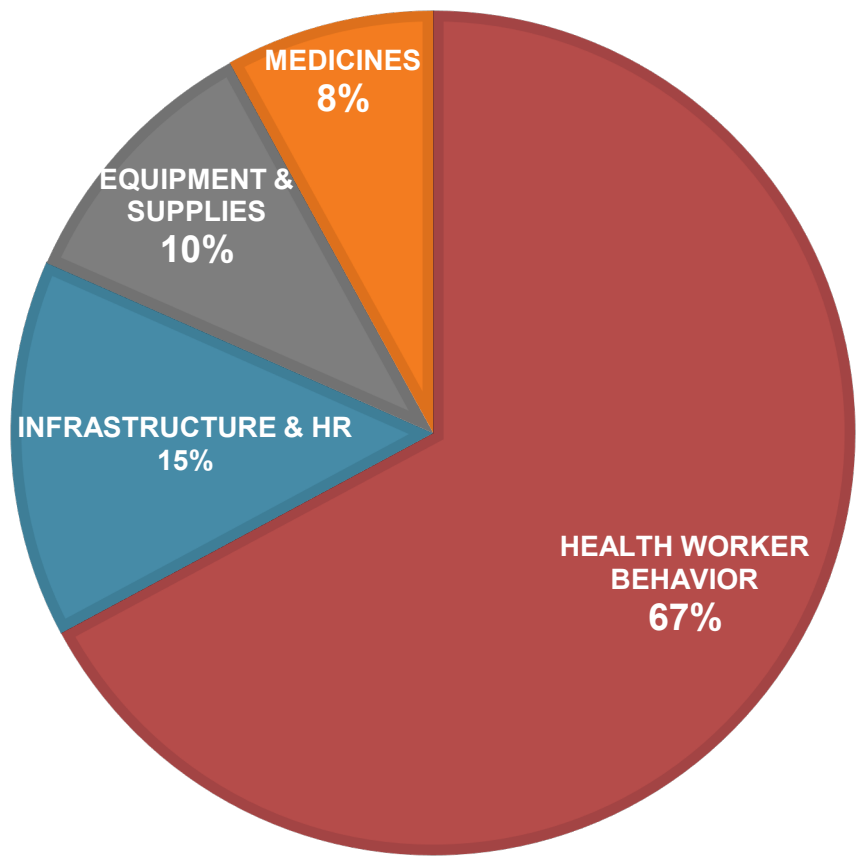


People reached with listening sessions

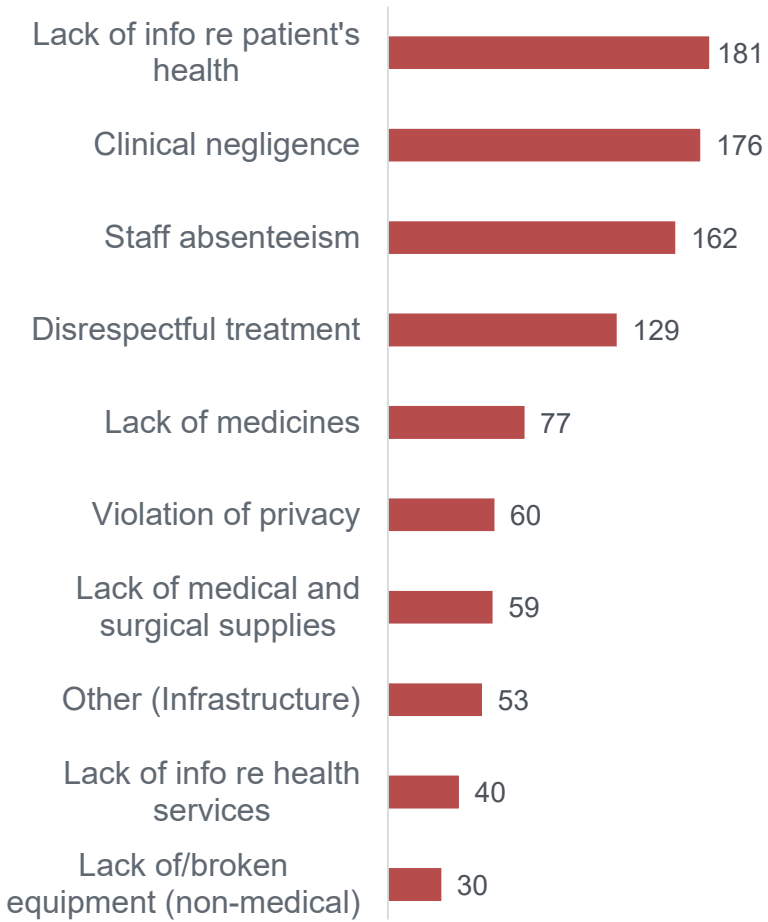


Grievances & barriers identified in 147 health facilities

Nature of Grievances & Barriers



Top 10 Causes of Dissatisfaction



On Track Towards Achieving FY22 Targets Across Key Indicators

Prevention

Indicator	% Achievement
HTS_TST	33%
HTS_TST_POS	24%
PrEP_NEW	31%
VMMC_CIRC	20%

Treatment

Indicator	% Achievement
TX_NEW	24%
TX_NET NEW	29%

MCH

Indicator	% Achievement
PMTCT_STAT	29%
PTMTCT_STAT_POS	26%

Legend		
20% to 22%	23% to 29%	30% to 33%

PEPFAR/Moz staff member conducting supervision and technical assistance visit



Photo Credit: Dr Chererene (Provincial HIV Manager from DPS)



What's New in COP22?

COP22 in a Nutshell

The Current State of Affairs

- Exceptional treatment program growth (FY21: >254K; FY22 Q1: >65K)
- Case identification challenges, leading to declining yields and stagnant TX_NEW
- Persistent clinical cascade challenges among pediatric patients, PLW, and young adult men
- KPs and IDPs present a complex context that mandates specialized approaches

Maintain

DSD staff in provinces further from epi control

TPT scale-up efforts

Mental health services

VMMC demand generation activities

Launch

Peds / PMTCT / OVC Blue Sky Initiative

Construction of 35 new adolescent-friendly HFs in DREAMS districts

Specialized OVC and DREAMS services for IDPs in Cabo Delgado and Nampula

Expand

Male champions and adolescent mentors site coverage

PrEP programming to support 64% target increase

Advanced HIV disease sites

KP program coverage and budget

Shift

CLM funds from CNCS to PLHIV network

Additional resources to DPS/SPS to strengthen sustainability sites

Facility-based VCT to non-index, community-based HTS for 15-24 y/o

OVC targets to a greater proportion of comprehensive services

Sustain

EPTS installation at limited sustainability sites

Finalization of transition of six VMMC sites to DPS oversight

USG and GRM leadership in long-term discussions on sustainability

HIV TESTING SERVICES

COP21

- Strengthened use of screening tools in PICT setting
- Continued scale-up of index testing/child & adolescent case finding, ensuring consent and confidentiality are protected
- Finalization of IPV screening and reporting tools

COP22

- Expand non-index, community-based, targeted testing (using screening) among 15-24 y/o
- Expand community-based distribution for self-testing
- Expand ICT strategy at community/HF level, including index cases with high viral load

FACILITY-BASED DSD MODELS

COP21

- Updated national guidelines
- Scaled up facility-based DSD models: 6MDD in 85 sites, extended hours in 81 sites, one-stop-shop services in 424 sites

COP22

- Consider expansion of facility DSD models, including 1-stop shop and extended hours based on local context and resources
- Use Quality Improvement platforms to monitor treatment outcome of patients on DSD models

COMMUNITY-BASED DSD MODELS

COP21

- ART delivery thru APEs (CHWs) at 91 sites (10 provinces)
- ART delivery through health providers at 214 sites (6 provinces)
- ART delivery through mobile brigades at 62 sites (6 provinces)
- ART delivery through 75 private pharmacies (all 11 provinces)

COP22

- Maintain COP21 footprint and consider expansion (except for private pharmacies) according to provincial context and available budget

ADVANCED HIV DISEASE

COP21

- Provincial trainings with focus on 26 health facilities
- Implementation to begin in Q2
- Development of M&E plan

COP22

- Expand implementation of complete package to additional 3-4 sites per province
- Continue focus on adult and pediatric AHD

TB/HIV PROGRAMMING

COP21

- Focus on increasing TPT completion rates and coverage, including use of new reports/lists
- Introduction of 3HP in two provinces
- Initial support for chest X-ray as enhanced TB screening tool

COP22

- Reduce variability in TPT completion and coverage rates
- Focus on gaps in the TB screening cascade for PLHIV
- Expand support for new innovations including CXR, TB-LAM as part of AHD package

MENTAL HEALTH SERVICES

COP21

- Expansion of package implementation from 22 sites to additional 11 sites (33 in total)
- Refresher trainings for all provinces
- Updates to MH package (tools, indicators, M&A)

COP22

- Maintain COP21 footprint and strengthen implementation
- Conduct refresher trainings
- Strengthen M&E components

PEDIATRICS

COP21

- Introduction of pDTG in Q2
- 3MDD for all children >3 months old on ART
- Extended mentor mother support to CLHIV up to 10 y/o

COP22

- Enhance use of HIV screening tools, refocus on index case testing and referrals
- Revitalize pediatric mentoring program
- Scale mentor mothers to all CLHIV <10 y/o at AJUDA sites

ADOLESCENTS

COP21

- Expansion of adolescent mentors (AM) to 90 sites
- Build 37 new SAAJ sites in DREAMs districts
- Implementation of transition package for CALHIV

COP22

- Further expand AM to 25 sites
- Scale up of preventive services (PrEP, self-testing, DREAMS)
- Build 35 new SAAJ sites in DREAMs districts
- Expand SAAJ services in non-DREAMs districts

MALE ENGAGEMENT

COP21

- Acceleration of ME strategy implementation
- Introduction of male champions in 90 sites across the country as part of the ME package
- Transition strategic marketing campaign to greater focus on young adult men

COP22

- Implement the ME strategy at all AJUDA sites
- Expand male champions to 66 additional sites

PMTCT

COP21

- 3MDD for LW and IDP
- Mobile brigades for HIV/MCH poor performance, IDPs
- New retesting policy for PLW
- PrEP expansion for PLW at-risk of HIV acquisition
- VL multiplexing roll out

COP22

- Intensify PMTCT & peds care and mentorship packages
- Standardize EID PCR+ audit
- Conduct multiplexing evaluation
- Strengthen psychosocial support and DSD for PLW

OVC

COP21

- Increased focus on reaching 90% of C/ALHIV at district-level
- Transition from international to local OVC IPs in 5 provinces

COP22

- Expand OVC site-level presence to align with high volume PSNUs in response to pediatric and PMTCT gaps
- Increase in OVC case management targets, and reduction in prevention targets
- Adapt case management package for OVC IDPs in Cabo Delgado and Nampula

DREAMS/AGYW

COP21

- Rollout of FL, Parent & Caregiver Package; Menstrual Hygiene
- SES expansion; GBV LIVES
- Strengthened M&E, partner supervision & accountability
- PrEP expansion
- Evaluation of YFHS quality
- Mental Health services for AGYW

COP22

- Continued expansion of YFHS
- Strengthened HTS, STI, PrEP for KP, OVC linkages, and GBV prevention and response services
- Support for specialized package for AGYW IDPs

GBV

COP21

- Roll out of the GBV Quality Assurance (QA) Tool
- Revision of MoH GBV M&E indicators and registers
- Improve GBV training package (include LIVES), both online and in-person

COP22

- Ongoing analysis of GBV QA Tool data
- Expand use of improved registers and training package
- Finalize and utilize forensic data collection form across the country

CERVICAL CANCER

COP21

- Introduction of thermal ablation
- Expanded LEEP access and improved referral systems
- Ongoing mentoring and TA for quality improvement

COP22

- Expand thermal ablation and access to LEEP
- Continue HRH/commodities/infrastructure investments
- Develop nat'l QI CECAP strategy
- Provide on-site TA and remote tutoring
- Improve referral and counter referral of patients for treatment
- Expand HPV testing

KEY POPULATIONS

COP21

- Sustain highly efficient KP testing, and strengthen linkages
- Strengthen KP clinical cascade
- Support institutional capacity building among KP-led orgs
- Achieve 72% joint coverage

COP22

- Achieve 80% joint KP coverage
- Expand KP-friendly HFs and mobile outreach services
- Expand PrEP & self-testing for KP
- Initiate PEPFAR support for OST
- Provide institutional capacity building and transition to local IPs
- Strengthen structural interventions to address S&D (e.g., CLM)

PrEP

COP21

- Expansion to selected districts in all 11 provinces
- TA and M&E to improve clinical management and continuation of PrEP
- Finalized EPTS platform for harmonization of PrEP M&E

COP22

- Expand PrEP services, with PrEP_NEW 64% target increase
- Preparation for introduction of novel PrEP technologies (i.e., policy & registration) in COP23
- Continue monitoring and TA to improve clinical management & follow up of PrEP beneficiaries

VMMC

COP21

- Maintain service safety and quality (EQA, CQI, SIMS and TA)
- Strengthen coordination between clinical and demand creation IPs
- Initiate transition of six sites from PEPFAR IP to GRM support

COP22

- Finalize the transition of 6 VMMC sites to GRM support
- Use PHIA results to inform geographic focus and gaps
- Maintain targets and continue progress towards reaching 80% district-level coverage saturation

LITERACY

COP21

- Strategic combination of interpersonal, community mobilization and traditional media
- In-service training of HCWs to improve interpersonal communication with clients
- Engagement of FBOs and PLHIV-led CBOs to disseminate health info at community level

COP22

- Maintain & optimize core COP21 interventions for HIV/TB health literacy using QI guidelines
- Update/develop/disseminate new IEC for DSD, TB/HIV co-infection, U=U, and Viral Load

STIGMA & DISCRIMINATION

COP21

- *Somos Iguais* campaign to reduce stigma and discrimination
- In-service training on MISAU's S&D/HR package for HCWs
- Develop/Launch simplified training materials on S&D/HR for lay staff working with PLHIV & KP

COP22

- Maintain core activities of COP21, although reduced scale for *Somos Iguais* campaign
- Support dissemination of revised Bill of Patients' Rights and Duties
- Disseminate audiovisual content on HR, including HIV-related legislation

COMMUNITY-LED MONITORING

COP21

- 43 organizations support CLM activities in 203 AJUDA sites
- Funding contribution to UNAIDS to provide TA to PLASOC-M for CLM national platform
- Strengthen CLM data analysis and data sharing with GRM & IPs

COP22

- Transition CLM funding from CNCS to PLHIV organizations
- Expand coverage of CLM sites
- Harmonize CLM indicators across all organizations to leverage use of CLM data
- Continue with CLM small grants

CIVIL SOCIETY ENGAGEMENT

COP21

- Capacity building initiative targeting 12 CBOs, of which half are KP-led organizations
- \$50K grant to support PLASOC-M to fulfill its mandate of advocating for the health of PLHIV

COP22

- Continue capacity building activities for local CBOs
- Maintain funding for PLASOC-M to advance the platform's health goals and objectives

LABORATORY

COP21

- Implementation of DNO plans to expand laboratory capacity
- Development of DISA POC and implementation of VL dashboard to monitor program
- Decentralization of LQMS/EQA programs to all provinces to ensure coverage

COP22

- Continue optimizing the laboratory network
- Implement unlimited DISA LIS license to expand coverage
- Strengthen the decentralized LQMS/EQA programs

SUPPLY CHAIN

COP21

- Expand DDD and 6MDD
- Launch national consolidated lab sample transport project
- Initiate peds optimization with p/DTG10 transition
- Initiate PrEP rollout in DREAMS

COP22

- Continue DSD (e.g. MMD/DDD)
- Optimization of private sector logistics awards
- Expand lab sample transport project to all provinces
- Continue expansion of PrEP in DREAMS districts
- Continue commodities procurement (e.g. ARVs, VL, RTKs)

HRH & INFRASTRUCTURE

COP21

- Aligned site investments with program needs
- Increased use of distance-training platforms allowing for in-service training during COVID
- Targeted infrastructure improvements (SAAJ and Labs)

COP22

- Adapt HRH investments as provinces approach epi control, resulting in some provincial shifts
- Enhance efficiency in HRH investments (footprint, expenditure)
- Support infrastructure improvements (SAAJ, VL labs)

HEALTH INFORMATION SYSTEMS

COP21

- EPTS enhancements to improve monitoring and data quality
- iDART expansion to support MMD, and private/mobile pharmacy distribution
- Interoperability of systems for complete and timely data

COP22

- Provide ongoing support for EPTS centralization and systems interoperability
- Improve data management processes for Mozart 2.0 & new tools to support INS/MISAU
- Harmonize VMMC & OVC systems

MONITORING & EVALUATION

COP21

- Support for data clerks, training, EPTS supervision/mentoring, and district data reviews
- DQA and improvement activities (chart cleaning, supervisory visits, SIMS) for all quarterly indicators
- Data quality initiative, including quarterly audits

COP22

- Continue support for key M&E activities from COP21
- Conduct additional deep dive DQAs with enhanced monitoring of key interventions for retention

SURVEILLANCE

COP21

- Completed PHIA data collection and summary sheet/priority indicator report by WAD 2022
- Implementation of KP mapping/ population size estimation, health/ demographic surveillance in Polana Caniço, and design for HIVDR and HIV case surveillance
- Support for FETP, INS National Health Observatory & UNAIDS in capacity for data use/ analysis

COP22

- Disseminate PHIA final report
- Continue COP21 activities and initiate BBS 2024 FSW/MSM plans & IDP sentinel surveillance

PEPFAR Footprint to Target Needs of Internally Displaced Persons (IDPs)

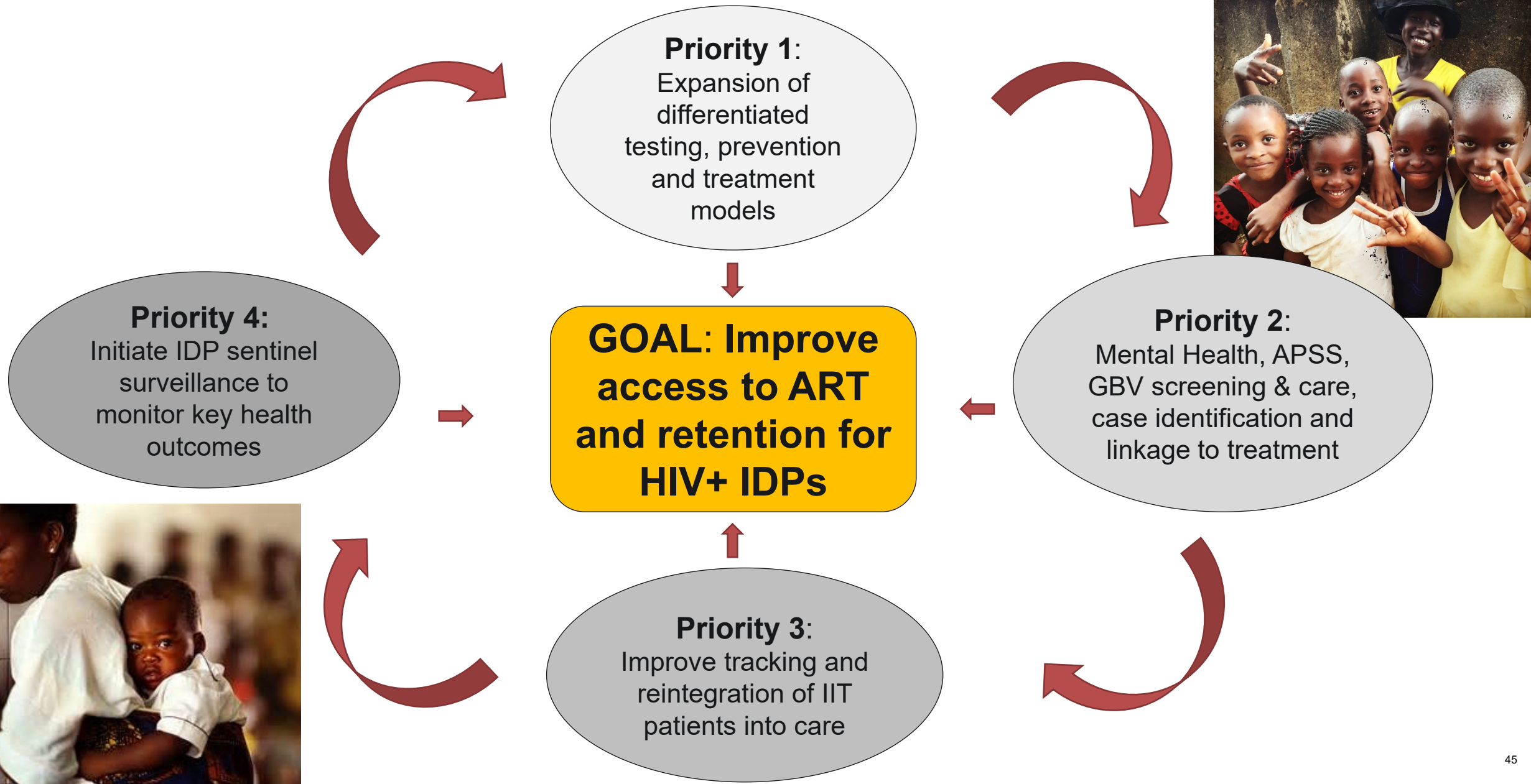
IOM Displacement tracking matrix (DTM) (November 2021)

Province	Individuals	Adult Men	Adult Women	Children	% Children
Cabo Delgado	663,276	138,878	193,659	330,739	50%
Nampula	68,951	13,594	16,768	38,589	56%
Niassa	1,604	285	390	929	58%
Zambezia	1,265	250	290	725	57%
Sofala	153	34	42	77	50%
Inhambane	85	20	38	27	32%
Total	735,334	153,061	211,187	371,086	50%

- Cabo Delgado with largest population movements, followed by Nampula
- Provincial government IDP estimates exceed those listed above
- 50% of IDPs are children

PARTNER	HARD TO REACH DISTRICTS	ACCESSIBLE DISTRICTS
G2G (DPS/SPS Cabo Delgado)	X	X (including IDP camps)
ARIEL Clinical Continuous coordination with other PEPFAR IPs for tracking and continuity of care for IDPs across provincial borders		X IDP clinical care in host communities + IDP camps (HFs & MB)
ARIEL High Risk (with IOM sub-award) <ul style="list-style-type: none"> • Ensure continuity of care to all sub-pops • LTFU activities • Tracking patient movements across CDG provincial borders 	X	
Jhpiego DOD <ul style="list-style-type: none"> • Clinical care • Transportation of samples/drugs 	X	
M2M <ul style="list-style-type: none"> • PSS for PBFW & children <10 yrs • GBV screening and referral 		X (IDP camps and MB)
TBD OVC Partner		X (IDP camps)

Improving Access to and Retention on ART for IDP Subpopulations



Laying the Foundation for Sustainability

In COP22, PEPFAR Mozambique will continue to shift finances and responsibilities to the GRM to ensure government partners are fully capacitated to lead the HIV program.

Strategies include (but not limited to):

- Transition select activities from the clinical partners to the SPSs/DPSs (GBV and VMMC programmatic areas, trainings, & monitoring and supervision)
- Increase funds for SPS/DPS quality improvement activities (e.g., intensive mentoring)
- Pilot EPTS and expanded M&E program at 1-2 large sustainability sites in five provinces
- Continue to engage GRM to develop shared vision for short, medium and long-term sustainability (including site graduation, HRH alignment/footprint, and increased support for key program commodities)



DPS/SPS CoAg staff hard at work

Minimum Program Requirements

Minimum Program Requirements

PEPFAR Minimum Requirement	COP22
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups	✓
2. Rapid optimization of ART by offering TLD, including consideration for women of childbearing potential and adolescents, and removal of NVP and EFV-based regimens	✓
3. Adoption and implementation of differentiated service delivery models, including six-month dispensing (6MDD) and delivery models to improve identification and ARV coverage of men and adolescents	✓
4. TB preventive treatment (TPT) for all PLHIVs (including adolescents and children) must be scaled-up as an integral and routine part of the HIV clinical care package, and cotrimoxazole must be fully integrated into HIV clinical care package	✓
5. Completion of VL/EID optimization activities and ongoing monitoring to ensure reduced morbidity/mortality across age, sex, and risk groups	✓
6. Scale-up of index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected, and monitoring of intimate partner violence is established	✓
7. Direct and immediate assessment for and offer of prevention services, including PrEP	✓
8. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9–14-year-old girls and boys regarding primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management	✓
9. OUs demonstrate evidence of progress towards advancement of equity, reduction of stigma and discrimination, and promotion of human rights to improve HIV prevention and treatment for key populations and vulnerable groups	✓

Minimum Program Requirements

PEPFAR Minimum Requirement	COP22
10. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as ANC and TB services, affecting access to HIV testing and treatment and prevention	✓
11. Program and site standards are met by integrating effective CQI practices into site and program management, supported by IP work plans, agency agreements and national policy	✓
12. Evidence of treatment and viral load literacy activities supported by MoH, National AIDS Councils, and other host country leadership. U=U and other updated HIV messaging to reduce stigma	✓
13. Clear evidence of agency progress toward local, indigenous partner prime funding, including increased funding to KP-led and women-led organizations	✓
14. Evidence of host government assuming greater responsibility for the HIV response including demonstrable evidence of year after year increased resources expended	✓
15. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity	✓
16. Scale-up of case surveillance and unique identifier for patients across all sites	✓



Targets

Clinical Cascade Target Overview

National Clinical Cascade Targets						%	% VL	
FISCAL YEAR	HTS_TST	HTS_POS	% Yield	TX_NEW	NET_NEW	NET_NEW	TX_CURR	Suppression
2020 Results	6,382,887	290,581	<div><div></div></div> 4.6%	266,553	194,773	<div><div></div></div> 17%	1,354,408	<div><div></div></div> 86%
2021 Results	7,909,198	319,689	<div><div></div></div> 4.0%	301,659	254,253	<div><div></div></div> 19%	1,608,661	<div><div></div></div> 92%
2022 Targets	6,670,380	339,863	<div><div></div></div> 5.1%	326,441	188,434	<div><div></div></div> 12%	1,797,095	<div><div></div></div> 95%
2023 Proposed Targets	8,063,128	238,419	<div><div></div></div> 3.0%	224,488	118,777	<div><div></div></div> 7%	1,915,872	<div><div></div></div> 96%

Key Population Clinical Cascade Targets						%	% VL	
FISCAL YEAR	HTS_TST	HTS_POS	% Yield	TX_NEW	NET_NEW	NET_NEW	TX_CURR	Suppression
2020 Results	42,484	9,522	<div><div></div></div> 22.4%	3,979	8,042	<div><div></div></div> 100%	8,042	<div><div></div></div> 86%
2021 Results	61,160	13,613	<div><div></div></div> 22.3%	7,987	8,743	<div><div></div></div> 109%	16,785	<div><div></div></div> 93%
2022 Targets	34,758	5,624	<div><div></div></div> 16.2%	5,447	-	<div><div></div></div> 0%	12,744	<div><div></div></div> 95%
2023 Proposed Targets	55,525	11,719	<div><div></div></div> 21.1%	11,133	17,076	<div><div></div></div> 134%	29,820	<div><div></div></div> 96%

Notes: 2022 and 2023 represent targets; 2020 and 2021 are PEPFAR MER Reported Result; Key Populations exceeded their TX_CURR target for FY22, negating any NET_NEW target for 2022

- Targets for 2023 are designed to put Mozambique over 95-95-95, based on recent Spectrum estimates of PLHIV
- Alignment of PEPFAR target with the National MISAU target for 2023
- KP targeted for significant treatment growth, in addition to target increases for KP_PREV (34%) & KP_PrEP (94%)

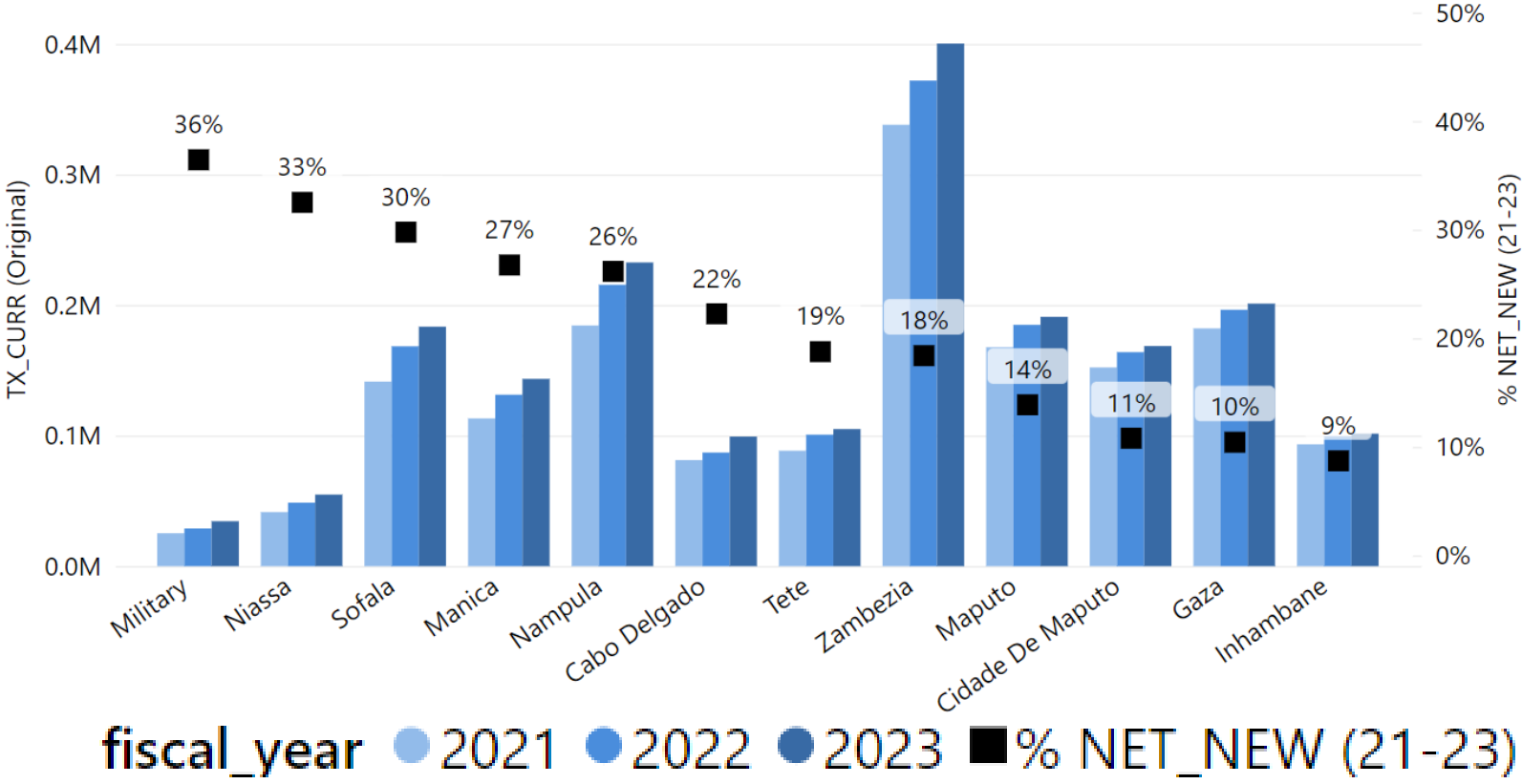
Process for Provincial Target Setting

- Targeting nationally for 92% ART coverage by end of COP22 (FY23)
- Provinces further from epidemic control allocated highest net growth expectations
- Additional provincial nuances considered, such as high net growth trends in Tete and on-going instability in Cabo Delgado

Current and Projected ART Coverage

snu1	2021	2022	2023
Tete	112%	127%	133%
Cidade De Maputo	108%	116%	119%
Gaza	97%	105%	107%
Inhambane	94%	100%	102%
Nampula	71%	83%	90%
Zambezia	75%	83%	89%
Manica	68%	79%	87%
Sofala	65%	77%	84%
Maputo	69%	76%	79%
Niassa	59%	69%	78%
Cabo Delgado	48%	52%	59%
Total	77%	86%	92%

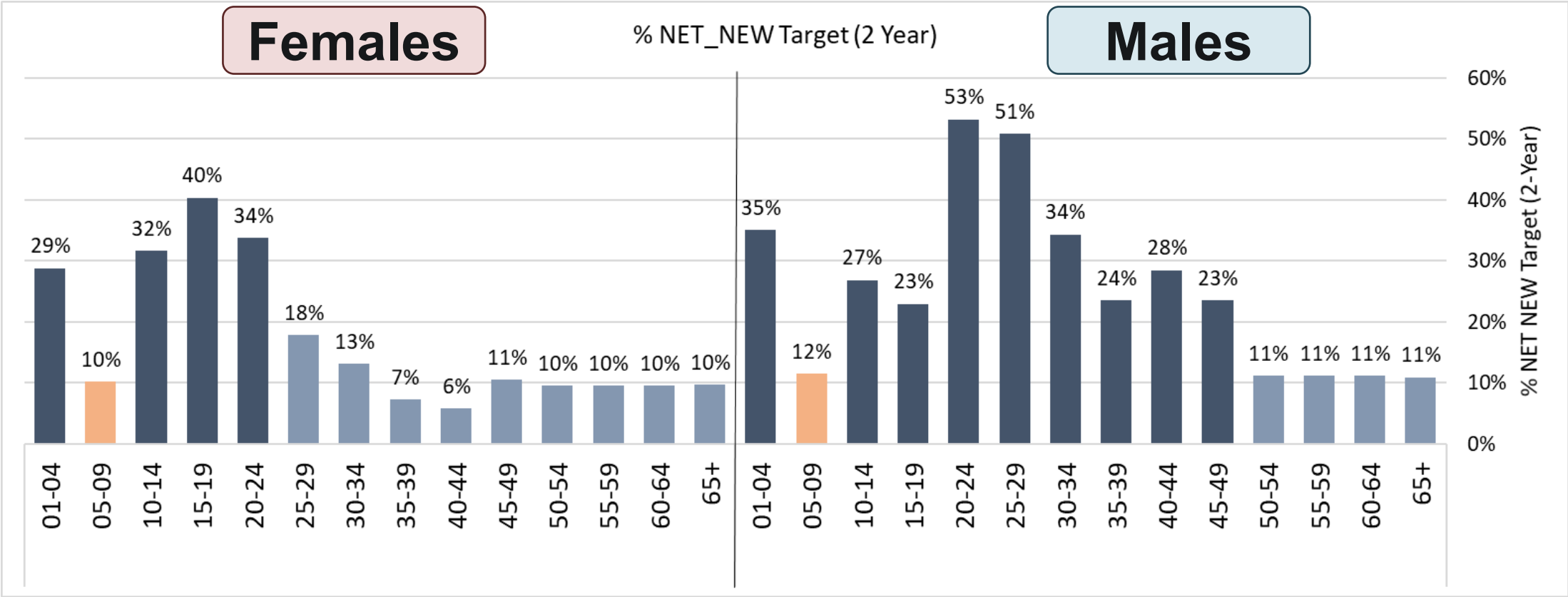
Provincial TX_CURR Expected Trends and % NET_NEW (FY21-FY23)



Age Sex Distribution of TX_CURR and NET_NEW (FY21-FY23) Targets

2-Year TX_CURR growth targets prioritize:

- Specific populations, with a focus on females 15-24 and males 20-35
- Pediatrics (1-14) targeted for 19% NET_NEW gain



Note 1: Prior to finalization of COP22 targets, 5-9 y/o net new growth will be upward adjusted

Note 2: Dark bars represent % NET_NEW growth >20%

Other Indicators of Interest

FISCAL YEAR	OVC_SERV	VMMC_CIRC	PrEP_NEW	AGYW_PREV	CXCA_SCRN
2020 Results	432,789	190,895	11,122	58,892	218,534
2021 Results	648,467	130,312	44,328	193,543	344,097
2022 Targets	429,204	200,352	54,992	163,859	312,041
2023 Proposed Targets	345,443	202,993	90,012	172,057	361,130

- **OVC_SERV:** Overall increase in comprehensive targets (14%), while decreasing overall OVC preventive targets (by 33%). Comprehensive target increase also associated with geographic pivot, including eliminating smaller sites and assuming larger sites in Sofala, Zambezia, Cabo Delgado, and Nampula.
- **VMMC_CIRC:** Near flatline target achieves and maintains >80% MC coverage for 15-29 y/o males across all but one province. To reach and maintain 80% saturation for all districts, ~250,000 15-29 y/o males will remain for MC services following COP22.
- **PrEP_NEW:** Significant increase in targets with all 11 provinces implementing PrEP activities (64% target increase).
- **AGYW_PREV:** 5% target increase in denominator from COP21. Aim to resolve challenges and consolidate gains to reach saturation. Targeting for 90% completion of the DREAMS primary package.
- **CXCA_SCRN:** Targeting for 95% coverage of cervical cancer screening every two years among women 25-49 in AJUDA supported health facilities.

Budget

Three Phases of PEPFAR Mozambique's Budget Development

Phase 1

Engagement

- Stakeholder retreat
- TWG sessions
- Civil society discussion
- CAST calls

Phase 2

Strategy

- Sustainability discussions with MISAU leadership
- COP22 presentation to National Directors
- Discussions with GF on commodities and coordination
- Agency Heads guidance to team on portfolio priorities

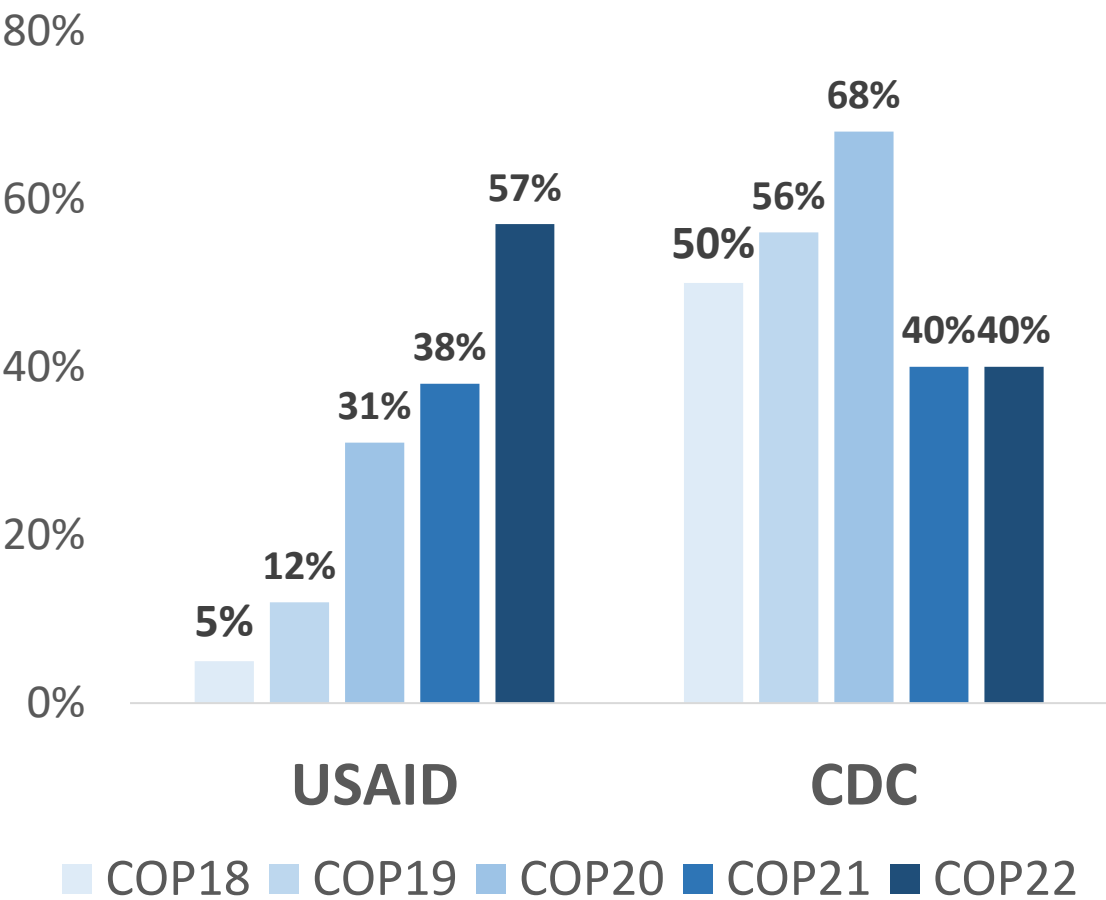
Phase 3

Budget Assessment

- Find efficiencies to redirect funds to portfolio priorities
- Assess partner expenditures and performance
- Reduce/eliminate less mission critical activities
- Maintain/expand key interventions

Progress in Local IP Funding

Proportion of Agency Funding*
for Local Partners

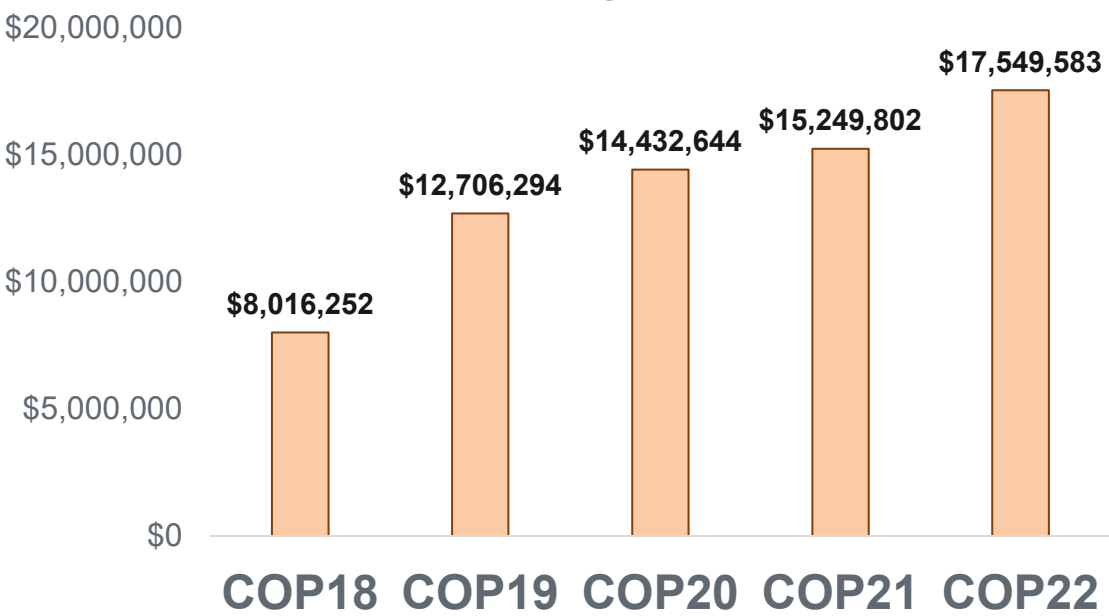


* Excludes M&O and commodities

By the middle of COP22, USAID will have transitioned its OVC, KP, and VMMC portfolios to 100% local partners

18/27 (67%) of CDC's COP22-funded IPs are local (1 is TBD)

CDC Funding to G2G partners



All Earmarks and Planning Level Letter Directives Met

Agency Trends*

Agency	COP21	COP22
DOD	\$8,018,641	\$8,503,417
HHS/CDC	\$186,644,246	\$178,857,160
HHS/HRSA	\$3,364,539	\$2,299,110
Peace Corps	\$2,833,408	\$2,819,697
State	\$3,144,930	\$3,292,087
USAID	\$197,190,927	\$205,228,529
TOTAL	\$401,196,691	\$401,000,000

*Reflects original submission (Feb 28, 2022)

Earmark	COP21	COP22
C&T	\$275,029,406	\$274,437,593
OVC	\$41,766,507	\$37,062,543^
GBV	\$3,876,783	\$5,663,539
Water	\$866,000	\$866,000

^COP22 OVC budget did not decrease. Reduced figure associated with agency applied pipeline

PLL Directives

Initiative	COP21	COP22
Cervical Cancer	\$5,500,000	\$5,500,000
DREAMS	\$35,000,000	\$35,000,000
VMMC	\$22,680,000	\$22,680,000

Acknowledgements

Estamos juntos...força!!

Ministry of Health

CNCS

Civil Society

Global Fund & Multilaterals

PEPFAR Implementing Partners

USG Team (Moz & HQ)

PEPFAR Beneficiaries

**Muito
Obrigado!**

